

FINAL

ADDENDUM TO THE DRAFT EIR:

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# CHILDREN'S HOSPITAL MEDICAL CENTER ENVIRONMENTAL IMPACT REPORT

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ER-87-75  
R87-562

Prepared for:  
City of Oakland  
City Planning Department

May 2, 1990

State Clearinghouse #88022320



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File No. ER87-75  
Ref. No. R87-562

**City of Oakland**  
Oakland, California

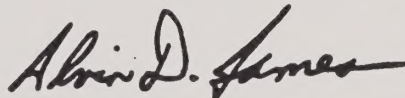
**FINAL ENVIRONMENTAL IMPACT REPORT FOR:**

CHILDREN'S HOSPITAL EXPANSION PROJECT

(Project Title)  
California Environmental Quality Act

**CERTIFICATION OF COMPLIANCE WITH THE**  
**CALIFORNIA ENVIRONMENTAL QUALITY ACT**

The Director of City Planning finds that the attached Final Environmental Impact Report has been completed in compliance with the California Environmental Quality Act, the Guidelines prescribed by the Secretary for Resources, and the provisions of the City of Oakland's Statement of Objectives, Criteria and Procedures for Implementation of the California Environmental Quality Act.



ALVIN D. JAMES  
Director of City Planning

DATE: May 2, 1990

**ACCEPTANCE OF FINAL REPORT BY CITY PLANNING COMMISSION**

The attached Final Environmental Impact Report was accepted by the Oakland City Planning Commission at its meeting of \_\_\_\_\_.

THOMAS H. DOCTOR, Secretary  
City Planning Commission





**CHILDREN'S HOSPITAL MEDICAL CENTER EXPANSION  
FINAL ENVIRONMENTAL IMPACT REPORT  
ADDENDUM TO THE DRAFT ENVIRONMENTAL IMPACT REPORT**

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## I. INTRODUCTION

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On October 12, 1989, the City of Oakland released for public review a Draft Environmental Impact Report (EIR) on the proposed Children's Hospital Medical Center Expansion project, proposed to be constructed adjacent to the existing Children's Hospital Medical Center in the City of Oakland. The site of the proposed project is one- and one-half city blocks bounded by Martin Luther King Jr. Way on the west, 53rd Street on the north, 52nd Street on the south, and Highway 24 on the east. The proposed project evaluated in the Draft EIR would include a General Plan Amendment for the site from the current Low-Medium Density Residential designation to a Medical designation, a General Plan Amendment to vacate the adjacent 52nd Street right-of-way (currently designated as an Arterial Street in the General Plan Circulation Element), rezoning of the site to an S-1 (Medical Center) Zone, vacation of the Dover Street right-of-way between 52nd and 53rd Streets, and development of a new 80,000-sq. ft. Ambulatory Services Center, an 800-space Parking Garage, and a 22,000 sq. ft. expansion of the existing Family Center.

The 45-day public comment period on the Draft EIR began on October 12, 1989, and was initially scheduled to close on November 27, 1989. In response to disruptions in operations of City of Oakland offices following the Loma Prieta earthquake of October 17, 1989, the public comment period was extended through December 27, 1989. A public hearing before the City Planning Commission on the Draft EIR was held on January 10, 1990, at which oral testimony was taken and recorded.

Subsequent to release of the Draft EIR, the Ratcliff Architects as authorized agents of Children's Hospital Medical Center submitted to the Oakland City Planning Department (on December 13, 1989) a revised description of the proposed Children's Hospital Medical Center Expansion project in response to some of the Unavoidable Significant Adverse Impacts of the proposed project identified in the Draft EIR. This revised project is now the project sponsor's preferred alternative.

The second section of this EIR Addendum contains addenda to the Draft EIR describing the sponsor's preferred alternative: No 52nd Street Pedestrian Atrium, Installation of a Median Barrier on 52nd Street, Sub-Surface Parking Garage Level and Redesigned Garage Facade. The third section of this document contains a list of

persons who commented on the Draft EIR, copies of the written comments received, and the minutes and speaker request cards of the January 10, 1990, public hearing before the City Planning Commission. The fourth section contains the City's response to comments received on the Draft EIR, and the fifth section contains a list of authors and consultants involved in the preparation of this EIR addendum.

This EIR addendum document and the Draft EIR together constitute the Final Environmental Impact Report for the proposed Children's Hospital Medical Center Expansion project.



## **II. ADDENDA TO THE DRAFT ENVIRONMENTAL IMPACT REPORT**

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### **A. PROJECT SPONSOR'S PREFERRED ALTERNATIVE**

Subsequent to publication of the Draft EIR on October 12, 1989, The Ratcliff Architects as authorized agents of Children's Hospital Medical Center submitted to the Oakland City Planning Department (on December 13, 1989) a revised description of the proposed Children's Hospital Medical Center Expansion project, responding to some of the Unavoidable Significant Adverse Impacts identified in the Draft EIR. This revised project is now the project sponsor's preferred alternative, and constitutes a new alternative to the proposed project subsequent to publication of the Draft EIR, as described below. No new significant environmental effects would result from construction of the preferred alternative.

### **NO 52ND STREET PEDESTRIAN ATRIUM, INSTALLATION OF A MEDIAN BARRIER ON 52ND STREET, SUB-SURFACE PARKING GARAGE LEVEL AND REDESIGNED GARAGE FACADE**

#### **PREFERRED ALTERNATIVE CHARACTERISTICS**

The preferred alternative would consist of a vacation of Dover Street between 52nd and 53rd Streets, and rezoning of the site to an S-1 (Medical Service) Zone for development of a new Ambulatory Services Center, Parking Garage, and expansion of the Family Center adjacent to the existing Children's Hospital. The proposed Ambulatory Services Center would be a five-story building containing a total of about 80,000 sq. ft. of floor area. Outpatient services would be provided at the new facility. The new building would incorporate a design with similar building mass, shape and exterior design to that of the existing nursing tower, constructed in 1982, at the northwest corner of the existing campus across 52nd Street from the site. The proposed parking garage would provide 800 off-street parking spaces on four levels (including setback rooftop level), one level of which would be below grade under the preferred alternative, and would contain about 260,000 sq. ft. Pedestrian access between the parking garage and Ambulatory Services Center would be provided at the western end of the Ambulatory Services Center. The proposed Family Center addition would add about 22,000 sq. ft. of floor area in a three-story, horizontal addition to the existing 13,750-sq. ft. Family Center building. A 16-space surface parking lot would be

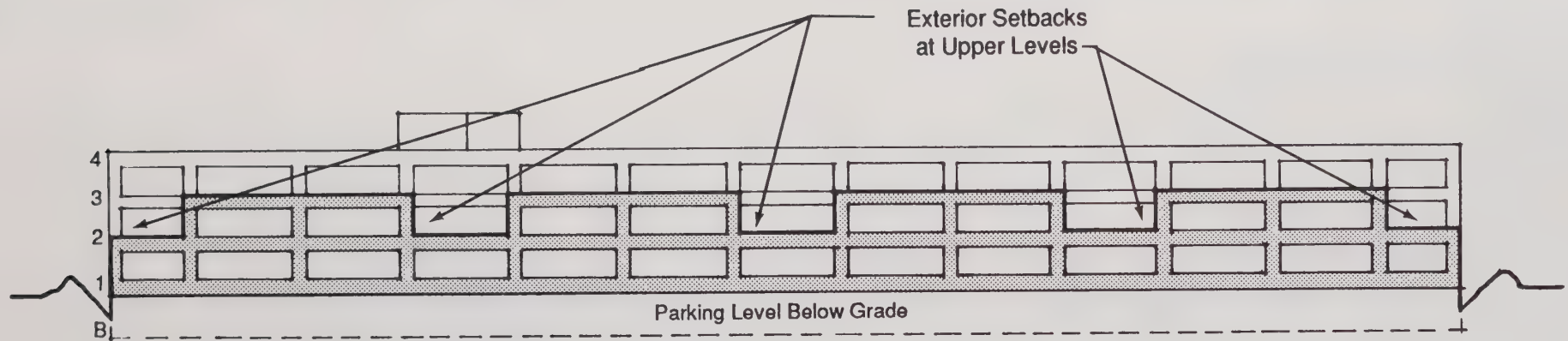


developed adjacent to the southeastern corner of the intersection of Dover and 53rd Streets. The preferred alternative would not require vacation of the 52nd Street right-of-way, compared to the proposed project evaluated in the Draft EIR. Therefore, a General Plan Amendment would not be required for 52nd Street, and it would therefore retain its designation as an Arterial Street under the Circulation Element of the General Plan. The preferred alternative project would include widening of 52nd Street between Martin Luther King, Jr. Way and adjacent to the west of the State Route 24 freeway to four lanes for through traffic (two lanes each eastbound and westbound), a six-foot-wide landscaped median in the center of the right-of-way, and removal of on-street parking along 52nd Street (see Figures A and B).

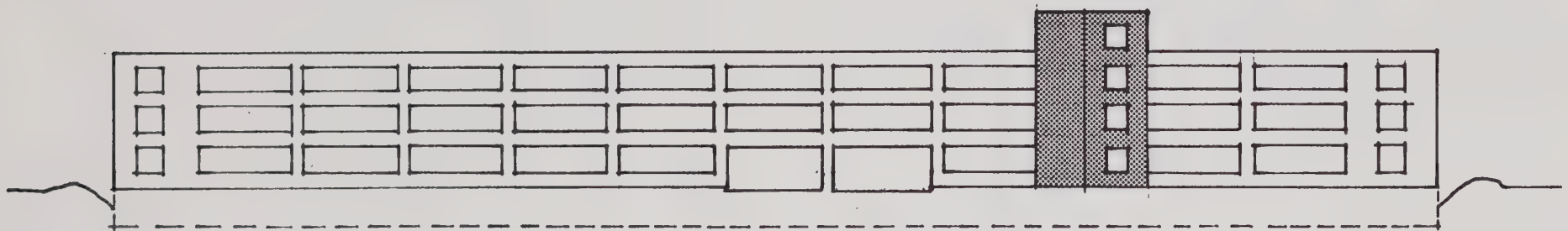
Phase I of the proposed construction, anticipated to begin in late 1990, would develop 600 parking spaces of the proposed 800-space garage, after removal from the site of all 217 existing off-street surface parking spaces and five existing residential structures (all of which are under Hospital ownership). The 52nd Street right-of-way would be widened to 64 ft. curb-to-curb between Martin Luther King, Jr. Way and the entrance to the parking garage, and would be widened to 49 ft. curb-to-curb between the parking garage entrance and about 100 ft. west of the 52nd Street intersection with Dover Street (after relocation of the project site southern property line). New ten-ft.-wide sidewalks would be installed along the north side of 52nd Street. Traffic lanes of the widened portion of 52nd Street would be reconfigured in accordance with the City Traffic Engineering Department standards, and a pedestrian-activated crossing signal and pedestrian crosswalk would be installed between the parking garage and the existing Hospital (see Figure C).

Phase II development, proposed to begin in mid-1992, would consist of the addition of 200 parking spaces (completing the 800-space parking garage), construction of the 80,000 sq. ft. Ambulatory Services Center, and installation of on-site landscaping after removal of ten existing residential structures (five of which are currently under Hospital ownership). Phase II development would also include vacating the one-block length of Dover Street between 52nd and 53rd Streets as a public street, and additional widening of the 52nd Street right-of-way. The portion of 52nd Street between the parking garage entrance and the Dover Street intersection would be widened to 64 ft. curb-to-curb, after additional relocation of the southern property line of the project site and relocation of the southern curb line of 52nd Street adjacent to the existing Hospital campus. Phase II widening of 52nd Street would remove 13 on-street parking spaces along the southern curb line, and would include installation of the six-ft. landscaped





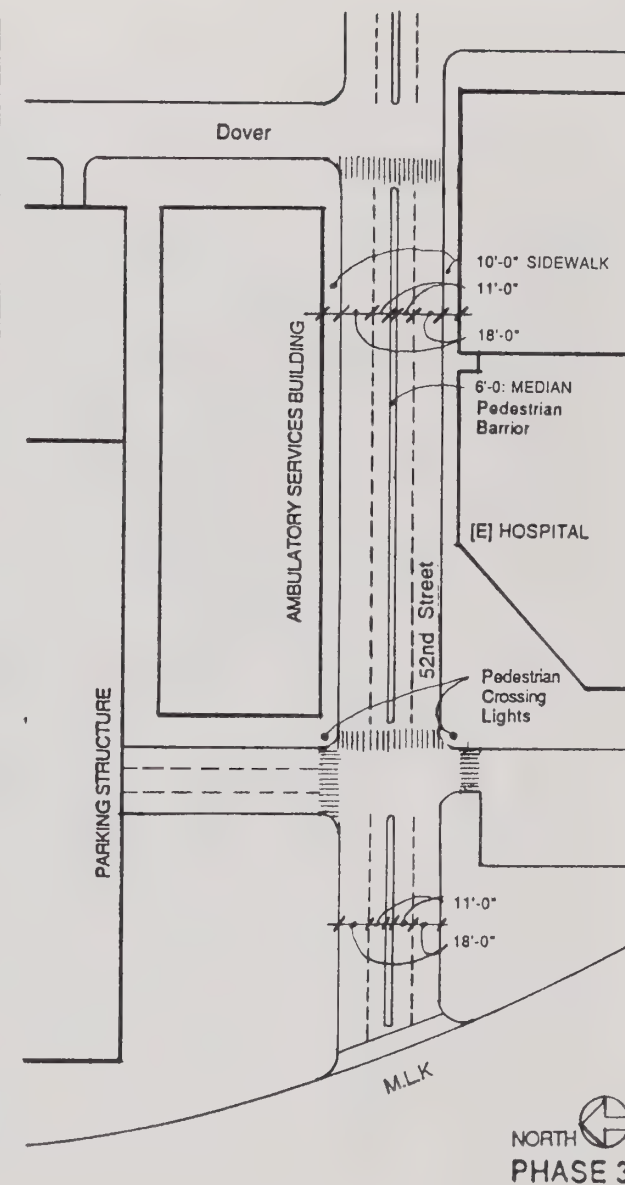
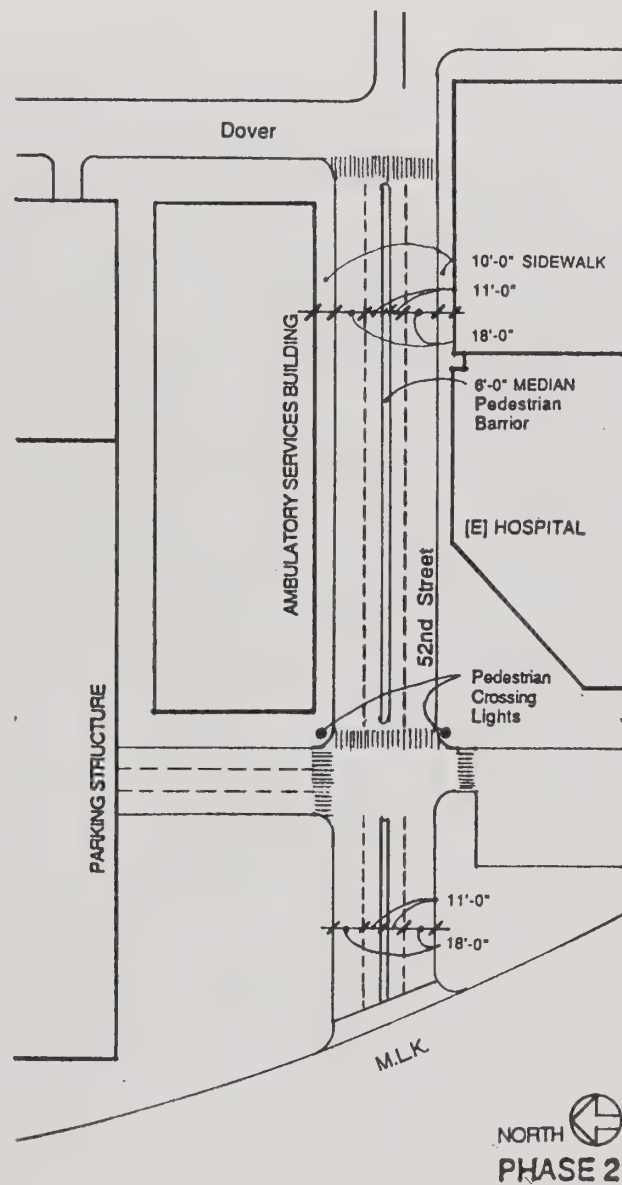
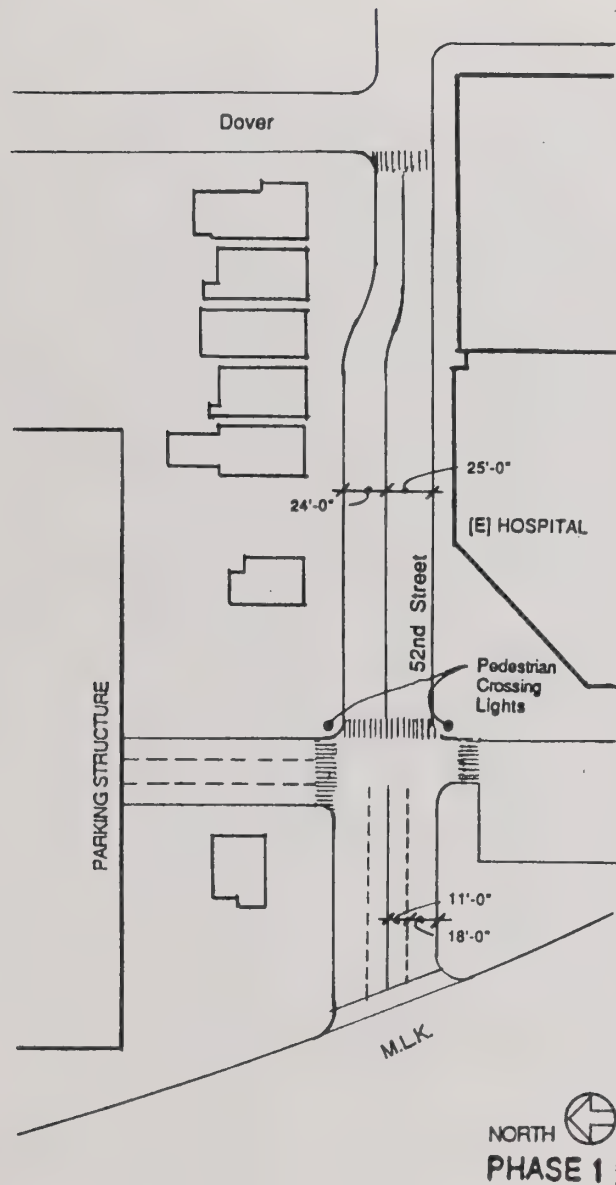
North Elevation ( 53rd Street )



South Elevation

**FIGURE B**  
**PREFERRED ALTERNATIVE**  
**PARKING GARAGE ELEVATIONS**





**FIGURE C**  
**PREFERRED ALTERNATIVE PHASING**  
**PLAN FOR 52ND STREET IMPROVEMENTS**

median with a pedestrian barrier in the center of 52nd Street between Martin Luther King Jr. Way and Dover Street. Traffic lanes would be reconfigured within the dual 29-ft. traffic right-of-way widths (see Figure C).

Phase III of the proposed development, anticipated to begin between mid-1993 and early 1994, would consist of the 22,000 sq. ft. expansion of the Family Center and construction of the 16-space surface parking lot, after removal of eight residential structures (four of which are currently under Hospital ownership). During Phase III, the 52nd Street right-of-way would be widened to 64 ft. curb-to-curb, and a six-ft.-wide landscaped median installed in the center, between the Dover Street intersection and the Highway 24 right-of-way after relocation of the southern property line of the project site east of Dover Street. New ten-ft.-wide sidewalks would be installed along the relocated property line (see Figure C).

The preferred alternative project would consolidate numerous Hospital activities now occurring in the Hospital-occupied former residential structures on the portion of the site that is west of Dover Street. Outpatient medical activities occupy a total of about 16,000 gross sq. ft. of floor area in nine of the residential structures on this portion of the site. These activities include Family Guidance services, the Child Development Center, Multiple Handicap Center, Parent-Infant Project and offices of Pediatric surgeons (contained in a 2,160 gross-sq.-ft. trailer). Thus, a total of 18,760 gross sq. ft. of floor area now used for Hospital activities on the project site would be replaced; the amount of new floor area on the site, for outpatient activities in the new Ambulatory Services Center, would therefore be about 61,240 sq. ft. The expanded Family Center would add about 22,000 gross sq. ft. of residential space (temporarily housing families of inpatient children) to the portion of the site east of Dover Street.

Development of both phases of the proposed parking garage would ultimately provide 800 off-street parking spaces for Hospital employees and visitors. Development of the garage and other elements of the preferred alternative project proposed for the site would require the removal of a total of 217 off-street parking spaces currently on the site, and would also remove 13 on-street parking spaces on 52nd Street between Dover Street and Martin Luther King, Jr. Way. Thus, the parking garage would add 583 additional off-street spaces to the site, thereby increasing the total parking supply in the Hospital vicinity by 570 spaces.

The preferred alternative project would contain a total of about 362,000 sq. ft. of floor area (the total proposed construction site area is about 164,300 sq. ft.). Under the Oakland Zoning Regulations, off-street parking facilities are excluded from floor area calculation. Thus, the floor area ratio (FAR) of the preferred alternative project would be about 0.62:1 for the new construction site based on 102,000 sq. ft. of floor area in the Ambulatory Services Center and Family Center Expansion.

Pedestrian access to the project and to the northern entrance of the existing Hospital would remain essentially unchanged compared to existing conditions, with some modifications to improve vehicular circulation. New pedestrian pick-up and drop-off areas would be provided, curb-side, along the widened 52nd Street, and along the driveway between 52nd Street and the parking structure. Vehicular access to and from the parking garage would be from 52nd Street, at approximately the same location as the present entrance to the surface parking lot. Vehicular exit from the garage would occur at Dover Street upon completion of Phase II. No Vehicular access to or from 53rd Street is proposed.

Approximately 65,000 sq. ft. (1.5 acres) of landscaped open space would be provided on the project site. Landscaping would be installed along 53rd Street adjacent to the parking garage, and at the north end of the vacated Dover Street right-of-way. Additional landscaping would be provided along the widened 52nd Street right-of-way and along the driveway from 52nd Street to the parking garage.

Development of the preferred alternative project, as proposed, would include (1) vacating the one block length of Dover Street as a public street (between 52nd and 53rd Streets), and (2) dedication to the City of property along the northern and southern sides of 52nd Street to allow reconfiguration of 52nd Street to four lanes of through traffic, and a six-ft. wide median strip within the 52nd Street right-of-way for landscaping and pedestrian barriers.

The median island would feature fencing and dense landscaping in order to discourage jaywalking and to allow pedestrians to cross 52nd Street between the existing hospital and the proposed Ambulatory Services Center only at designated locations. The designated locations would include the signalized crosswalk at Martin Luther King, Jr. Way and a crosswalk on the west side of Dover Street. A signalized mid-block crosswalk would be installed across 52nd Street between Martin Luther King, Jr. Way



and Dover Street, to connect the main entrances of the existing hospital to the Ambulatory Services building and parking garage.

Although Dover Street would be closed to public vehicular traffic after completion of development Phase II, passage for emergency vehicles, pedestrians, and bicycles would be maintained. Additionally, the Hospital would continue to allow vehicular access to the private residences fronting on the east side of Dover Street, until the residences are acquired by the Hospital, and would allow access by public service vehicles. The steps required for vacating the one-block length of Dover Street would be as follows: 1) The project sponsor or authorized agent would file an application with the City Office of Public Works; 2) The application would be reviewed by all appropriate City departments to determine the probable effects of the street closure; 3) If the City Public Works Committee endorses the changes, a Resolution of Intention would be prepared by the Office of Public Works for referral to the Planning Commission; 4) The Planning Commission would conduct public hearings to receive public comments on the proposal.

**TABLE A: ENVIRONMENTAL IMPACT OF THE PREFERRED ALTERNATIVE, MITIGATION STRATEGY, AND LEVEL OF SIGNIFICANCE AFTER MITIGATION**

| ENVIRONMENTAL IMPACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MITIGATION STRATEGY                                                                                                                                                                                                                                                                                                                                                                                                                                    | LEVEL OF SIGNIFICANCE AFTER MITIGATION                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Land Use, Comprehensive Plan and Zoning</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                       |
| <p>Expansion of Hospital-related uses on the project site would be a northward expansion of medical facilities onto a city block (west of Dover Street) that was formerly occupied entirely by residential uses and would replace existing residential uses with medical-related uses (east of Dover Street). Development of the project would require the removal of 23 residential structures on the site, nine of which are currently in residential use and are not under Hospital ownership. Development of each building proposed with the project would occur once the Hospital has acquired all of the required properties for the building site through negotiated purchase.</p> | <p>None identified. <u>This may be considered an unavoidable significant adverse effect which cannot be mitigated to a level of insignificance.</u></p>                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |
| <p>Development of the project could induce owners of parcels with existing low-density residential uses in the site vicinity to attempt to redevelop the parcels with higher-density non-residential uses, or with higher-density residential uses. The project could also encourage private physicians to purchase residential structures in the vicinity for conversion to medical office uses.</p>                                                                                                                                                                                                                                                                                     | <p>None identified. The City would consider applications for higher intensity uses in the vicinity on a case-by-case basis.</p>                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                       |
| <p>Development of the project would not respond to policies of the Land Use, Housing, and Policy Plan Elements of the Comprehensive Plan, regarding conservation of existing residential units, if on-site units are demolished.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><u>Proposed with the Preferred Alternative:</u></p> <p>To respond to the Comprehensive Plan policies of the Land Use, Housing and Policy Elements regarding relocation rather than demolition of existing sound residential units, the 23 existing residential units on the project site would be relocated as feasible to vacant lots in residential areas in the site vicinity if the units are determined to be in sound physical condition.</p> | <p>Implementation of this measure would reduce this potentially significant impact. Without implementation of this measure, demolition of the housing units would be a significant adverse effect of the project.</p> |

TABLE A: ENVIRONMENTAL IMPACT OF THE PREFERRED ALTERNATIVE, MITIGATION STRATEGY, AND LEVEL OF SIGNIFICANCE AFTER MITIGATION (Continued)

| ENVIRONMENTAL IMPACT                                                                                                                                                                                                                                                                                                                                                                                       | MITIGATION STRATEGY                                                                                                                                                                                                                                                                 | LEVEL OF SIGNIFICANCE AFTER MITIGATION |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <u>Land Use, Comprehensive Plan and Zoning</u><br>(Continued)                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                     |                                        |
| The required Zone Change of the site would result in a boundary between a Civic Use Zone and a Residential Zone along the middle of 53rd Street, and would therefore conflict with the policy of the Land Use Element of the Comprehensive Plan which states that boundaries of Zones of potentially inharmonious land uses should run along rear property lines as opposed to along public right-of-ways. | None identified. The location of the zoning district boundary would not by itself be a significant adverse impact.                                                                                                                                                                  |                                        |
| The proposed project would be developed at a greater intensity than adjacent residential uses. The project would therefore conflict with the policy of the Land Use Element of the General Plan that the intensity of development of civic uses in residential areas should generally not exceed the intensity and building height of adjacent residential uses.                                           | None identified. The Floor Area Ratio (0.62:1) of the project would be less than that permitted (FAR 4.0:1) under S-1 Zone designation. The conflict between the proposed project development and the applicable Land Use Element policy would not be a significant adverse impact. |                                        |
| Development of the project would require a zone change of the project site from the current R-50 (Medium Density Residential) and R-40 (Garden Apartment Residential), to S-1 (Medical Center). The zone change could set a precedent for similar rezoning of sites in the vicinity, to zones under which non-residential development could occur.                                                         | The Planning Commission and City Council, in making decisions regarding approval or disapproval of this project, could provide future direction for the types and intensities of future development in the site vicinity.                                                           |                                        |
| <u>Urban Design and Visual Quality</u>                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                     |                                        |
| The proposed Ambulatory Services Center and parking garage would be visible from viewpoints within about one-half mile of the site, along the elevated Highway 24 and BART structures. The project structures would be about the same or lesser height compared to existing buildings on the Hospital campus.                                                                                              | None required.                                                                                                                                                                                                                                                                      |                                        |



TABLE A: ENVIRONMENTAL IMPACT OF THE PREFERRED ALTERNATIVE, MITIGATION STRATEGY, AND LEVEL OF SIGNIFICANCE AFTER MITIGATION (Continued)

| ENVIRONMENTAL IMPACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MITIGATION STRATEGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LEVEL OF SIGNIFICANCE AFTER MITIGATION                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Urban Design and Visual Quality (Continued)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>Proposed with the Preferred Alternative:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              |
| Development of the project would alter views toward the site from streets within about two blocks. Views of remaining one-story residential structures and parking lots would be replaced by views of relatively massive structures and open space areas with landscaping.                                                                                                                                                                                                                                                        | A landscaped buffer of trees would be provided at the perimeter of the project site, along site frontages at Martin Luther King, Jr. Way, 53rd Street, and Dover Street, to minimize potential impacts on adjacent streets and development resulting from increased visibility, noise, and nighttime lighting with project operation. Landscaping would also be provided at the perimeter of access drives.                                                                               | Implementation of the measures proposed would reduce the level of impact to less than significant levels.                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Light-colored, as opposed to white or darker-colored stucco would be used for facing buildings. Light-colored material would reduce the appearance of building mass compared to darker colors and would cause less glare from reflected light than would white material.                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>Proposed with the Preferred Alternative:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              |
| The parking garage would be about the height of the existing residential structures directly across 53rd Street from the site. The north wall of the parking garage would be about 450 feet in length along the 53rd Street site frontage, compared to a length of about 25-30 feet of each residential structure facade along 53rd Street, separated by a 15-to-20-foot-wide yard area. The parking garage would also add new shadow to the street and sidewalks of 53rd Street during virtually all daylight hours of the year. | The exterior wall of the parking garage along 53rd Street would be set back by eight feet at the top level, in order to reduce the structure's appearance of bulk and to enhance the visual relationship of the height of the garage and the height of existing residences across 53rd Street. The exterior setback would also reduce the extent of new shadow cast by the garage onto 53rd Street, and would prevent new shadow from reaching the yards of residences along 53rd Street. | Implementation of these measures would reduce the level of impact to less than significant levels. Without mitigation, this would be a significant adverse impact on the visual quality of the residential neighborhood within two blocks north of the site. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | The exterior wall of the garage at 53rd Street would also be indented at regular intervals, corresponding to the fronts of existing residences across 53rd Street, to reduce the structures' appearance of length along this block.                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                              |

**TABLE A: ENVIRONMENTAL IMPACT OF THE PREFERRED ALTERNATIVE, MITIGATION STRATEGY, AND LEVEL OF SIGNIFICANCE AFTER MITIGATION (Continued)**

| ENVIRONMENTAL IMPACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MITIGATION STRATEGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LEVEL OF SIGNIFICANCE AFTER MITIGATION                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <u>Urban Design and Visual Quality (Continued)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>Proposed with the Preferred Alternative:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     |
| Operation of the project could result in a reduction in the amount of nighttime lighting in the area. The nighttime lighting of the area surrounding the site would probably be less with operation of the project than with existing nighttime lighting of on-site parking lots.                                                                                                                                                                                                                                                    | Shield exterior lighting of all project buildings to contain light on-site. Avoid spotlighting building walls and landscaped areas. Shield and direct downward exterior lighting along pedestrian walkways and in parking areas to reduce light effects off site. Avoid use of wall-mounted or pole-mounted exterior lighting, and lighting placed along rooflines except at building entrances.                                                                                                                 | Implementation of these measures would reduce the level of impact to less than significant levels.  |
| <u>Transportation, Circulation, and Parking</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Identified in This Report:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |
| <div data-bbox="37 766 64 802" data-label="Text">17</div> Project-generated traffic would change the operating Levels of Service (LOS) during peak hours at several intersections in the area. Specifically, the AM peak-hour LOS would be reduced from "A" to "B" at Martin Luther King Jr. Way/55th Street; from "B" to "C" at Martin Luther King Jr. Way/47th Street, Martin Luther King Jr. Way/52nd Street, and Shattuck Avenue/52nd Street. The PM peak-hour LOS would be reduced from "A" to "C" at Dover Street/52nd Street. | Children's Hospital could maintain, improve or implement appropriate transportation system management (TSM) measures to reduce traffic and parking impacts caused by additional development at the site. These measures could include shuttles to BART stations, promotion of alternative commute modes (transit, bicycles, ridesharing), on-site distribution of transit passes and transit and ridesharing information, safe and convenient bicycle parking areas, and priority parking for cars and vanpools. | Implementation of these measures would reduce the level of impacts to less than significant levels. |
| Traffic growth caused by cumulative development in the project area would cause traffic demand to exceed capacity (LOS "F") at the intersection of Martin Luther King, Jr. Way/52nd Street during the PM peak hour.                                                                                                                                                                                                                                                                                                                  | <u>Identified in this Report:</u><br><br>The intersection could be modified to provide LOS "D" by removing the proposed 52nd Street median between Martin Luther King, Jr. Way and the proposed hospital garage driveway, striping westbound 52nd Street to provide three lanes at the intersection, and increasing the signal cycle length from 80 to 100 seconds during the PM peak period.                                                                                                                    | Implementation of these measures would reduce the level of impact to less than significant levels.  |

**TABLE A: ENVIRONMENTAL IMPACT OF THE PREFERRED ALTERNATIVE, MITIGATION STRATEGY, AND LEVEL OF SIGNIFICANCE AFTER MITIGATION (Continued)**

| ENVIRONMENTAL IMPACT                                                                                                                                                                                                    | MITIGATION STRATEGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LEVEL OF SIGNIFICANCE AFTER MITIGATION                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <u>Transportation, Circulation, and Parking</u><br>(Continued)                                                                                                                                                          | <u>Identified in this Report:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                    |
| Westbound traffic on 52nd Street at Martin Luther King, Jr. Way would frequently back up past the proposed intersection of 52nd Street with the hospital garage driveway.                                               | Signs and additional enforcement could be used to ensure that the driveway intersection remains clear. Signal operations could be set to maximize efficient operation of the two adjacent signals on 52nd Street. Upon completion of Phase II, use of the 52nd Street garage entrance could be restricted (visitors only) or eliminated to encourage use of the Dover Street garage entrance.                                                                                                                                                                                  | Implementation of these measures would reduce the level of impact to less than significant levels. |
| Provision of a total of 570 net additional parking spaces with the project would result in a decrease of 320 vehicles parking in on-street spaces in the vicinity.                                                      | <u>Proposed with the Preferred Alternative:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |
|                                                                                                                                                                                                                         | The hospital would continue to use the existing remote parking lots in order to ensure that neighborhood impacts are minimized.                                                                                                                                                                                                                                                                                                                                                                                                                                                | This may be considered a beneficial impact of the project.                                         |
|                                                                                                                                                                                                                         | <u>Proposed with the Preferred Alternative:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |
| Future pedestrian activity across 52nd Street with the project would increase from about 220 persons to about 620 persons during peak hours. Potential conflicts between pedestrians and motor vehicles could increase. | A signalized crosswalk would be installed across 52nd Street between Martin Luther King, Jr. Way and Dover Street. The signal would be activated by pedestrians using a push button. A landscaped median barrier would be installed in the center of the 52nd Street right-of-way to ensure that pedestrians cross 52nd Street only at designated crosswalk locations. The signalized crosswalk would not eliminate problems created by pedestrians crossing vehicle flows on 52nd Street, but safety would be improved for those pedestrians compared to existing conditions. | Implementation of this measure would reduce the level of impact to less than significant levels.   |



**TABLE A: ENVIRONMENTAL IMPACT OF THE PREFERRED ALTERNATIVE, MITIGATION STRATEGY, AND LEVEL OF SIGNIFICANCE AFTER MITIGATION (Continued)**

| ENVIRONMENTAL IMPACT                                                                                                                                                                                                                          | MITIGATION STRATEGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LEVEL OF SIGNIFICANCE AFTER MITIGATION                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <u>Air Quality</u>                                                                                                                                                                                                                            | <u>Proposed with the Preferred Alternative:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     |
| Project construction activities would generate fugitive dust emissions, probably resulting in occasional excesses of the state PM <sub>10</sub> standard in the construction site vicinity.                                                   | Sprinkle all unpaved construction areas with water at least twice per day during excavation and grading. Twice daily sprinkling could reduce particulate emissions by as much as 50%. Undertake more frequent watering under hot, windy conditions. Sprinkle stockpiles of sand, soil and similar materials to further reduce fugitive dust emissions.                                                                                                                                                               | Implementation of these measures would reduce the level of impacts to less than significant levels. |
| Project-generated vehicle traffic would generate about 450 lb/day of CO, 18 lb/day of HC, 37 lb/day of NO <sub>x</sub> , 6 lb/day of SO <sub>2</sub> , and 65 lb/day of TSP. These emissions would not exceed BAAQMD significance thresholds. | None required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     |
| <u>Noise</u>                                                                                                                                                                                                                                  | <u>Proposed with the Preferred Alternative:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     |
| Project construction activities would temporarily increase noise levels in the interior of existing Hospital and residential structures adjacent to the site to about 62 dBA.                                                                 | Schedule construction between 8:00 a.m. and 6:00 p.m., Monday through Saturday. Schedule noisy construction activities in shifts to avoid high noise levels caused by operating several pieces of equipment simultaneously. Require the project contractor to use power construction equipment with state-of-the-art noise shielding and muffling devices. Place barriers around the project site and around stationary equipment such as compressors, which would reduce construction noise by as much as five dBA. | Implementation of these measures would reduce the impacts to less than significant levels.          |

**TABLE A: ENVIRONMENTAL IMPACT OF THE PREFERRED ALTERNATIVE, MITIGATION STRATEGY, AND LEVEL OF SIGNIFICANCE AFTER MITIGATION (Continued)**

| ENVIRONMENTAL IMPACT                                                                                                                                                                                                                                                                                                                                       | MITIGATION STRATEGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LEVEL OF SIGNIFICANCE AFTER MITIGATION                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Noise (Continued)                                                                                                                                                                                                                                                                                                                                          | <u>Proposed with the Preferred Alternative:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                               |
| Project-generated traffic increases would result in an increase of less than 3 dBA in the ambient noise levels along the following roadway segments: Martin Luther King, Jr. Way between 47th Street and 55th Street, and Shattuck Avenue between 52nd Street and 55th Street. This would be an increase below the level (3 dBA) that would be noticeable. | A landscaped buffer of trees and shrubs, at least ten feet in width, would be provided at site frontages on Martin Luther King Jr. Way and 53rd Street, to minimize potential noise and visual impacts on these streets and on existing adjacent residential and commercial development.                                                                                                                                                                                                                                                                                           | Implementation of the measure would have a minimal effect on the impact identified. However, the project impact is not significant in that normally acceptable ambient noise levels for hospital and residential uses are currently exceeded adjacent to the Hospital and residences in the vicinity, and the proposed project would not result in audible increases in ambient noise levels. |
| <u>Geology, Soils, Seismology</u>                                                                                                                                                                                                                                                                                                                          | <u>Proposed with the Preferred Alternative:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                               |
| Excavation on-site for project construction would be required to remove unsuitable and deleterious soils. Subsequent import of aggregate and engineered fill to the site would occur.                                                                                                                                                                      | To evaluate soil conditions and provide input into foundation design, a soil investigation for the proposed site would be prepared by a California-licensed soils engineer. To reduce the amount of earth movement on-site excavated soils would be re-used on site as feasible. All haul trucks leaving the site would be covered.                                                                                                                                                                                                                                                | Implementation of these measures would reduce the impacts to less than significant levels.                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                            | <u>Proposed with the Preferred Alternative:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                               |
| Project construction would remove existing surface cover over the site, exposing soil to weather conditions that could transport eroded soil into local streets, gutters and storm drains.                                                                                                                                                                 | To minimize soil erosion, an erosion control plan would be developed by the project civil engineer. The following guidelines would be incorporated into the plan: Remove surface cover from soil only when construction is set to begin. Uncover soil only at potential construction site, leave cover at areas not proposed for development. Undertake grading during the summer dry season (May to September). Erect berms or hay bale barriers to direct runoff away from cleared areas. Revegetate cleared areas prior to the onset of winter rains. Cover stockpiles of soil. | Implementation of these measures would reduce the impacts to less than significant levels.                                                                                                                                                                                                                                                                                                    |

**TABLE A: ENVIRONMENTAL IMPACT OF THE PREFERRED ALTERNATIVE, MITIGATION STRATEGY, AND LEVEL OF SIGNIFICANCE AFTER MITIGATION (Continued)**

| ENVIRONMENTAL IMPACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MITIGATION STRATEGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | LEVEL OF SIGNIFICANCE AFTER MITIGATION                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <p><u>Geology, Soils, Seismology (Continued)</u></p> <p>The project would be subject to strong groundshaking in the event of a major earthquake. Structural damage would be unlikely if the project were designed and constructed in conformance with the Uniform Building Code. Non-structural results of seismic activity could include falling of interior furnishings and fixtures, exposing project occupants to hazardous conditions. Utility lines could rupture, thereby hindering emergency response.</p> | <p><u>Proposed with the Preferred Alternative:</u></p> <p>To reduce seismic hazards, design and construct buildings in conformance with the seismic and life safety standards of the Uniform Building Code. To increase emergency preparedness, develop an emergency response plan and conduct periodic drills for project staff. Designate a safe outdoor area for evacuation of people from the project if necessary.</p>                                                                                                                                                                                                                                                                           | <p>Implementation of these measures would reduce the impacts to less than significant levels.</p> |
| <p><u>Hydrology</u></p> <p>Removal of existing uses on the site, and subsequent development of the proposed project, would result in a small increase in impervious surface on the site. The rate of peak runoff flows from the site would therefore increase from 1.4 cfs to 1.5 cfs during the two-year storm. During the 100-year storm, peak runoff would increase from 4.7 cfs to 4.8 cfs.</p>                                                                                                                | <p><u>Proposed with the Preferred Alternative:</u></p> <p>To provide adequate storm drainage for the project, drainage facilities would be designed by a California-licensed civil engineer in conformance with the City of Oakland design standards.</p> <p><u>Measures Identified in this Report:</u></p> <p>Construct drain inlets and subsurface storm sewers at the site and connect them to either the existing 52nd or Dover Street storm drains. Based on the design of project facilities, the project civil engineer should submit to the city for review calculations investigating the adequacy of existing storm drains to accommodate projected peak flows from the developed site.</p> | <p>Implementation of these measures would reduce the impacts to less than significant levels.</p> |



TABLE A: ENVIRONMENTAL IMPACT OF THE PREFERRED ALTERNATIVE, MITIGATION STRATEGY, AND LEVEL OF SIGNIFICANCE AFTER MITIGATION (Continued)

| ENVIRONMENTAL IMPACT                                                                                                                                                                                                                            | MITIGATION STRATEGY                                                                                                                                                                                                                   | LEVEL OF SIGNIFICANCE AFTER MITIGATION                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <u>Hydrology (Continued)</u>                                                                                                                                                                                                                    | <u>Proposed with the Preferred Alternative:</u>                                                                                                                                                                                       |                                                                                            |
| Project construction would expose soils on site to erosion. Soil from the site would be transported to surrounding roadways and into storm drain inlets. Turbid runoff would also flow into nearby Temescal Creek, affecting its water quality. | To reduce sediment production during construction, an erosion control plan would be prepared by the project soils engineer and implemented.                                                                                           | Implementation of these measures would reduce the impacts to less than significant levels. |
|                                                                                                                                                                                                                                                 | <u>Proposed with the Preferred Alternative:</u>                                                                                                                                                                                       |                                                                                            |
| Project operation would generate urban pollutants, including oil, grease, metal and rubber from vehicles in the proposed parking garage. Those pollutants would be carried offsite with runoff.                                                 | To reduce oil and grease concentration in site runoff, especially from the parking garage, install grease traps on drain inlets and manholes at the site. Those traps must be cleaned periodically by hospital staff to be effective. | Implementation of these measures would reduce the impacts to less than significant levels. |
|                                                                                                                                                                                                                                                 | <u>Proposed with the Preferred Alternative:</u>                                                                                                                                                                                       |                                                                                            |
| Excavation activities for construction of project foundations and trenching for utility connections could require dewatering at the site. Any dewatering required could temporarily lower the groundwater table in the site area.               | To reduce the amount of dewatering, site preparation and grading would occur during the summer dry season (May to October) if feasible.                                                                                               | Implementation of these measures would reduce the impacts to less than significant levels. |
| <u>Public Services and Utilities</u>                                                                                                                                                                                                            | <u>Proposed with the Preferred Alternative:</u>                                                                                                                                                                                       |                                                                                            |
| The Oakland Police Department anticipates that the increased patient population in the area resulting from project operation would result in a minimal increase in calls for police services.                                                   | The building plans would be reviewed and approved by the Oakland Police Department as part of the project approval process, to ensure that adequate site and building access are available for emergency response services.           | Implementation of these measures would reduce impacts to less than significant levels.     |

**TABLE A: ENVIRONMENTAL IMPACT OF THE PREFERRED ALTERNATIVE, MITIGATION STRATEGY, AND LEVEL OF SIGNIFICANCE AFTER MITIGATION (Continued)**

| ENVIRONMENTAL IMPACT                                                                                                                                                                                                                                       | MITIGATION STRATEGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LEVEL OF SIGNIFICANCE AFTER MITIGATION                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <u>Public Services and Utilities (Continued)</u>                                                                                                                                                                                                           | <u>Proposed with the Preferred Alternative:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |
| Operation of the project would not be expected to have a significant impact on existing levels of Fire Department equipment and personnel.                                                                                                                 | The building plans would be reviewed and approved by the Oakland Fire Department as part of the project approval process, to ensure adequate fire prevention equipment and access available for emergency fire fighting and to ensure that all applicable requirements of the Uniform Building Code are met.                                                                                                                                                                              | Implementation of these measures would reduce impacts to less than significant levels.                    |
| Existing water supply infrastructure adjacent to the site may be inadequate to meet fire suppression requirements for the project.                                                                                                                         | <u>Proposed with the Preferred Alternative:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |
|                                                                                                                                                                                                                                                            | The project could be required to include provision of one additional fire hydrant on or adjacent to the project site, in order to ensure adequate capabilities for fire suppression in the area.                                                                                                                                                                                                                                                                                          |                                                                                                           |
| Operation of the project would generate an estimated demand for about 10,120 gallons of water supply per day.                                                                                                                                              | <u>Proposed with the Preferred Alternative:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |
|                                                                                                                                                                                                                                                            | EBMUD could require installation of a new eight-inch supply main at 52nd Street to serve the project demand and would also require dedication of an emergency repair access right-of-way along the proposed pedestrian area in 52nd Street.                                                                                                                                                                                                                                               | Project-generated demand would not have a significant impact on water supply facilities serving the area. |
| The project would generate an estimated 9,110 gallons per day of wastewater. As a result of cumulative increases in wastewater generation, existing collection mains at 36th Street, Peralta Street and 34th Street would require upgrading of capacities. | <u>Proposed with the Preferred Alternative:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |
|                                                                                                                                                                                                                                                            | A 20-year program for improvements to the collection system has been prepared, although a specific timetable has not been set. Recommendations of the State Department of Water Resources for reducing water consumption, and thereby reducing generation of wastewater, include use of exterior landscaping plant species with low water use; use of water-efficient landscaping irrigation systems; and use of water conserving appliances and plumbing fixtures in building interiors. | This could be a significant cumulative adverse impact, depending upon the timing of capacity upgrades.    |

**TABLE A: ENVIRONMENTAL IMPACT OF THE PREFERRED ALTERNATIVE, MITIGATION STRATEGY, AND LEVEL OF SIGNIFICANCE AFTER MITIGATION (Continued)**

| ENVIRONMENTAL IMPACT                                                                                                                                                                                                                                                                                                                                                                                                                               | MITIGATION STRATEGY                                                                                                                                                                                                                                                                                                                                                                                 | LEVEL OF SIGNIFICANCE AFTER MITIGATION                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <u>Public Services and Utilities (Continued)</u>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        |
| The project would generate an estimated 8,324 lbs. per day of solid waste. Generation of potentially hazardous waste material is not anticipated. Project-generated waste would not have a significant impact on waste disposal facilities serving the area.                                                                                                                                                                                       | None required.                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                        |
| <u>Energy</u>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        |
| Operation of the proposed Ambulatory Services Center and Family Center expansion would result in annual consumption of about 1.5 million kWh of electricity and about 9.6 million cubic feet of natural gas. Operation of the proposed parking garage would result in annual consumption of about 520,000 kWh of electricity. Total annual project energy consumption would be less than 0.01% of total annual consumption in PG&E's service area. | <u>Proposed with the Preferred Alternative:</u><br><br>Building energy consumption could be reduced through various energy-efficient design measures, such as: Reduced lighting (including task lighting, daylighting, and automatic lighting controls); Electrical load management; Energy management and control systems; and Alternative energy systems (such as cogeneration and solar energy). | Implementation of these measures would reduce impacts to less than significant levels. |
| Project-generated vehicle trips would consume an estimated 161,000 gallons per year of fuel energy.                                                                                                                                                                                                                                                                                                                                                | <u>Proposed with the Preferred Alternative:</u><br><br>Transportation-related energy consumption could be reduced through enhanced Transportation Systems Management (TSM) measures.                                                                                                                                                                                                                | Implementation of these measures would reduce impacts to less than significant levels. |



**B. CORRESPONDENCE**

The first of two letters reproduced on the following pages, from the Ratcliff Architects, represents the sponsors' description of its currently preferred alternative. The second letter, from Kennedy and Wasserman, attorneys for Children's Hospital, is a statement of which measures to mitigate potentially adverse environmental impacts are proposed as part of the sponsors' preferred alternative.

13 December, 1989

Mr. Willie Yee  
Oakland City Planning Department  
1330 Broadway  
Oakland, CA 94612

RECEIVED  
DEC 13 1989  
PLANNING COMMISSION  
CIVILIAN DIVISION

re: Childrens' Hospital Medical Center EIR

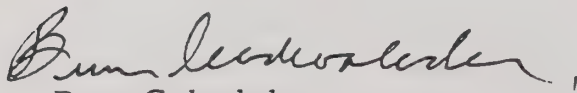
Dear Willie:

At the request of Wendall Mitchell, attorney with Kennedy and Wasserman, we are forwarding the following information for your information and review:

1. The PROPOSED PROJECT (pages 30, 32, top half of 38 in the DEIR) has been re-written to respond to environmental impacts identified in the DEIR and in response to concerns of residents of the neighborhood surrounding the Hospital. .
2. The Project Site Plan (DEIR page 31) has been modified as stated. The Hospital now proposes to close only the one block length of Dover Street but leaving 52nd Street open. The enclosed plan shows 52nd Street widened to 4 lanes and reflects the conversation DKS and we had with the City traffic engineers. There are 3 properties fronting on 52nd Street that the Hospital has not yet acquired; therefor, as shown on the attached drawing, "Street Widening, Initial Phase", the Street widening cannot, during the first phase, be completed easterly beyond those properties. This was also discussed with the traffic engineers.
3. In addition to maintaining 52nd Street as a public street the other major concern expressed at the community neighborhood meetings was the design of the parking structure. As you know and as we told them, the parking structure design will be subject to design review, a more appropriate time to get into design specifics. Relative to the design, however, the following commitments are made:
  - a. The structure will be lowered approximately one level into the ground thus diminishing the height from four to three stories. Additional berming will make the height seem even lower.
  - b. The 53rd street facade will be indented at regular intervals and treated, architecturally, to break up to structure's apparent length. The indentations will be integrated with set-backs at the top story and designed so that the structure's shadow on December 21, when the sun angle is at its lowest, will not reach across the street.

Please call if you have any questions or need additional information.

Sincerely yours,

  
Burns Cadwalader

enclosures

cc: Wendall Mitchell  
Peggy Baxter  
Jerry Mastora

## **B . PROJECT CHARACTERISTICS**

### **PROPOSED PROJECT**

The proposed project would consist of re-zoning for development of a new Ambulatory Services Center, Parking Garage and expansion of the Family Center adjacent to the existing Children's Hospital. It would also include vacation of Dover Street between 52nd and 53rd Streets and a widening of 52nd Street from State HW24 right-of-way to MLK Jr. Way.

The proposed Ambulatory Services Center would be a five-story building containing a total of about 80,000 sq. ft. of floor area. Outpatient services would be provided at the new facility. The new building would incorporate a design that harmonizes with the existing nursing tower, constructed in 1982, at the northwest corner of the existing campus, south across 52nd Street from the site. The proposed parking garage would provide 800 off-street parking spaces and contain about 260,000 sq. ft. and would be built in two phases.

Pedestrian access between the parking garage and the Ambulatory Services Center would be provided at the western end of the Ambulatory Services Center. The proposed Family Center addition would add about 22,000 sq. ft. of floor area in a three-story, horizontal addition to the existing 13,750 sq. ft. Family Center building. A 16-space surface parking lot would be developed adjacent to the northeastern corner of the intersection of Dover and 52rd Streets (see Figure A).

The project would consolidate numerous Hospital activities now occurring in the Hospital-occupied former residential structures on the portion of the site that is west of Dover Street. Outpatient medical activities occupy a total of about 16,600 gross sq. ft. of floor area in nine of the residential structures on this portion of the site. These activities include Family Guidance services, the Child Development Center, Multiple Handicap Center and Parent-Infant project. Offices of Pediatric surgeons now occupies a temporary (trailer) building of 2,160 sq. ft. located on the west side of the site. Thus, a total of 18,760 gross sq. ft. of floor area now used for Hospital activities on the project site would be replaced; the amount of new floor area on the site, for outpatient activities in the new Ambulatory Services Center, would therefore be about 61,240 sq. ft. The expanded Family Center would add about 22,000 gross sq. ft. of residential space (temporarily housing families of inpatient children) to the portion of the site east of Dover Street .

Development of the garage and other elements of the project proposed for the site would require the removal of a total of 217 off-street parking spaces currently on the site and would also remove 13 on-street parking spaces on 52nd Street between Dover Street and Martin Luther King, Jr. Way. Thus, the parking garage would add 583 additional spaces to the site thereby increasing the total parking supply in the vicinity of the Hospital by 570 spaces.



The total proposed construction site is about 177,000 sq.ft. The combined floor area for the proposed Ambulatory Service Center and the proposed Family Center expansion total approximately 102,000 sq.ft. The floor area ratio (FAR), therefore, would be approximately 0.58:1, as compared to the 4:1 FAR allowed in S-1 zones. Under the Oakland zoning regulations, off street parking facilities are excluded from floor area calculations

Pedestrian access to the project and to the northern entrance of the existing Hospital would remain substantially unchanged but with some modification to improve vehicular circulation. Pedestrian pick-up and drop-off areas would be provided, curb-side, along the widened 52nd Street and on-site at the present location, just west of the main hospital entrance, and along the new driveway leading to the parking structure. Vehicular access to and from the parking garage would be from 52nd Street, approximately at the same location as the present surface parking lot entrance. In phase II vehicular exiting will also occur from Dover Street.

Approximately 65,000 sq.ft. (1.5 acres) of landscape planting and open space would be provided on the project site. A well planted and maintained green buffer zone, would be installed along 53rd Street adjacent to the parking garage and at the east and west end of the parking structure. Additional landscaping and other site improvements would be made along the newly widened 52nd Street and on either side of the entrance to the parking garage.

Development of the project as proposed, would include (1) vacating the one-block length of Dover as a public street and (2) dedicating property to the city along the north and south side of 52nd Street to permit street widening to 64 ft. curb-to-curb. Although Dover Street would be closed to public vehicular traffic, continued emergency vehicle access, pedestrian, and bicycle passage would be maintained. Additionally, the Hospital would continue to allow vehicular access to the private residences fronting on Dover Street, until such time as those properties are acquired, and vehicular access to public service vehicles. The steps required for vacating the one-block length of Dover Street would be in accordance with the City Office of Public Works regulations.

Phase one of the project's construction, anticipated to begin in late-1990, would develop 600 parking spaces (out of a total of 800 spaces) in a structure consisting of one below-grade parking level, three stories above grade and with set-back parking on the roof. Additionally, the north facade will be set back at regular intervals to reduce the scale of the building. The 52nd Street improvements would consist of widening the street between MLK Jr. Way and the entrance to the parking garage to a curb-to-curb width of 64 ft. The section of 52nd Street easterly from the garage entrance to the western boundary of the two privately owned parcels just west of Dover would be widened to 49 ft. by relocating the property line

adjacent to the north side of 52nd Street. The south side of 52nd Street would remain unchanged. New 10 ft. sidewalks would be installed adjacent to the newly constructed curbs on the north side of 52nd Street. Traffic striping of the widened street would be done as required by the City Traffic Engineering Department. A pedestrian activated traffic control light and pedestrian crossing striping would be installed between the pedestrian way from the new garage and the hospital side of the street. (see Figure C).

Phase two of the project , projecting a construction start in mid-1992, would involve completion of the parking structure (adding approximately 200 spaces), construction of the Ambulatory Services Center, closing of Dover Street and installation of landscaping and other site improvements. The portion of 52nd Street between the parking garage entrance and Dover Street would be widened to a curb-to-curb width of sixty four (64) ft. to match the previously constructed width to MLKJr. Way. This would be accomplished by further moving of the northern property line of 52nd Street and moving the southern curb line four feet toward the Hospital building. At this time a six (6) ft. median strip with concrete curbs, planting and a pedestrian barrier would be constructed at the center of the Street from MLKJr. Way to Dover Street, resulting in two traffic widths of twenty nine (29) ft. each. (see Figure C)

Phase three of the project, anticipating a construction start in mid-1993/94, would consist of the Family Center expansion, construction of the adjacent surface parking lot, and widening of 52nd Street between the east line of Dover Street to the HW 24 right-of-way. This widening would increase the width of 52nd Street to 64 ft. and match the previously completed 52nd Street west of Dover. (see Figure C)

R. Zachary Wasserman  
Melvin L. Kennedy  
Raymond G. Gong  
Jo-Lynne Q. Lee  
Wendall A. Mitchell  
Vanessa L. Washington  
Eric R. DeWalt  
Roy A. Combs

Susan Spurlark

January 30, 1990

Mr. Willie Yee, Jr.  
Associate Planner  
City Planning Department  
CITY OF OAKLAND  
One City Hall Plaza  
Oakland, CA 94612

Re: Children's Hospital Oakland  
ER-87-75; R87-562

Dear Mr. Yee:

We write to advise the Planning Department of the mitigation measures that Children's Hospital Oakland ("CHO") is prepared to adopt for the expansion of its facilities north of 52nd Street. We have determined to incorporate these measures into the expansion project after carefully reviewing the Draft Environmental Impact Report ("DEIR") and conducting a number of meetings with interested members of the community. To facilitate your review, we have organized the measures under the categories presented in the DEIR. We expect that these measures will be incorporated into the Final Environmental Impact Report.

I. Land Use, Comprehensive Plan and Zoning

- To the extent feasible, CHO will make the houses within the project area available for relocation.

II. Urban Design and Visual Quality

- CHO will provide a landscaped buffer of trees at the perimeter of the project site and at access drives.
- CHO will use light-colored stucco for the building facings.
- CHO will indent the 53rd Street facade of the parking garage at regular intervals.
- CHO will place one level of the parking garage below grade, and set back the top level approximately eight feet.
- CHO will shield exterior lights so the light is kept on-site. Exterior lights along pedestrian walkways and in parking areas will be shielded and directed downward. CHO will avoid spotlighting building walls and landscaped areas, using wall-mounted or pole-mounted exterior lighting, and using lighting along roof lines except at building entrances.



### III. Transportation, Circulation and Parking

- CHO has withdrawn its proposal to close 52nd Street. The Traffic & Engineering Department has proposed the widening of 52nd Street to four lanes and the elimination of all on-street parking on 52nd Street between Martin Luther King Way and Highway 24. CHO is evaluating this proposal.
- CHO continues to propose the closure of Dover Street between 52nd Street and 53rd Street, but proposes to place knock-down bollards at the intersection of Dover Street and 53rd Street to maintain access to emergency vehicles.
- The project will incorporate bicycle commute routes.
- CHO will continue to use existing remote parking lots.

### IV. Air Quality

- The construction crew will water all unpaved construction areas at least twice a day during excavation and grading, and will sprinkle stockpiles of sand, soil and similar materials.
- The project will implement whatever intersection improvements are reasonably needed to mitigate the adverse impact on air quality.

### V. Noise

- CHO will adopt the mitigation measures set forth on p.20 of the DEIR that are reasonably needed to lessen the impacts caused by noise during construction.
- CHO will provide a landscaped buffer of trees and shrubs around the perimeter of the project site.

### VI. Geology, Soils, and Seismicity

- CHO will have a geotechnical report prepared to evaluate soil conditions and to provide input into foundation design.
- To the extent possible, CHO will reuse excavated soil on-site.
- CHO will instruct its construction contractor to cover all haul trucks that leave the site.
- The project civil engineer will develop an erosion control plan. The guidelines set forth on p.21 of the DEIR will be followed.
- The buildings will be constructed in conformance with the seismic and life safety standards of the Uniform Building Code.
- An emergency response plan will be prepared, periodic drills for hospital employees will be conducted, and a safe outdoor area for evacuation will be designated.

### VII. Hydrology

- Drainage facilities will be designed by a California-licensed civil engineer in conformance with the City of Oakland design standards.

Mr. Willie Yee, Jr.  
January 26, 1990  
Page 3

- An erosion control plan will be prepared by the project soils engineer.
- Oil and grease concentration in site runoff will be controlled by the installation of grease traps on drain inlets and manholes at the site.
- Dewatering will be reduced by conducting site preparation and grading during the summer dry season (May to October) to the extent feasible.

#### VIII. Public Services and Utilities

- The Oakland Police Department and the Fire Department will review and approve the building plans to ensure that adequate site and building access are available for emergency response services. The Fire Department will also determine whether Uniform Building Code requirements are met.
- CHO will install whatever water mains are needed to satisfy demand for water on the project site.
- CHO will review and adopt recommendations of the State Department of Water Resources for reducing water consumption and reducing the generation of wastewater.
- CHO no longer is seeking vacation of 52nd Street.

#### IX. Energy

- The Ambulatory Services Center and Family Center expansion will be constructed with the reduction of electricity and natural gas consumption in mind.
- CHO will examine ways to further augment its existing transportation management measures.
- Removal of utilities below 52nd Street is no longer required.

We welcome the opportunity to discuss these measures with you. Please direct any questions that you have to me at 272-0433 or Peggy Baxter at 428-3747.

Very truly yours,



WENDALL A. MITCHELL

WAM:lec

cc: Mr. Tony Paap  
Ms. Peggy Baxter  
Mr. Chris Glore  
Mr. Burns Cadwalader





### III. COMMENTS ON THE DRAFT ENVIRONMENTAL IMPACT REPORT

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#### A. LIST OF COMMENTORS

The following persons submitted written comments on the Draft EIR (in order of date comment prepared):

| <u>Name of Commentor</u>       | <u>Comment Representing</u>                                                  | <u>Date of Comment</u> | <u>Page</u> |
|--------------------------------|------------------------------------------------------------------------------|------------------------|-------------|
| Mrs. Jameson                   | Mrs. Jameson                                                                 | October 10, 1989       | 33          |
| H.R. White                     | Office of Parks and Recreation                                               | October 31, 1989       | 34          |
| Georgia George                 | North Oakland Voters Alliance                                                | November 17, 1989      | 35          |
| Julia T. Brown                 | Office of Economic Development and Employment                                | November 27, 1989      | 37          |
| David C. Nunenkamp             | State of California Office of Planning and Research                          | November 27, 1989      | 38          |
| Wade Green                     | State of California Department of Transportation District 4                  | November 14, 1989      | 40          |
| Dennis J. O'Bryant             | State of California Department of Conservation Division of Mines and Geology | November 17, 1989      | 41          |
| Sarita Waite                   | Camille's Cafe                                                               | November 28, 1989      | 42          |
| Milton Feldstein               | Bay Area Air Quality Management District                                     | December 11, 1989      | 43          |
| Don Dommer                     | Oakland Design Advocates                                                     | December 18, 1989      | 45          |
| George S. Winnacker            | Oakland Chamber of Commerce                                                  | December 19, 1989      | 46          |
|                                | Children's Hospital Oakland                                                  | December 20, 1989      | 48          |
| Ron Kilcoyne                   | AC Transit                                                                   | December 21, 1989      | 49          |
| Robert Brokl and Alfred Crofts | Robert Brokl and Alfred Crofts                                               | December 26, 1989      | 51          |

### III. Comments on the Draft Environmental Impact Report

| <u>Name of Commentor</u>                    | <u>Comment Representing</u>                   | <u>Date of Comment</u> | <u>Page</u> |
|---------------------------------------------|-----------------------------------------------|------------------------|-------------|
| Alan Forkosh                                | East Bay Bicycle Coalition                    | December 26, 1989      | 52          |
| C.T. Way                                    | East Bay Municipal Utility District           | December 26, 1989      | 53          |
| Mark D. Younger & Kristina Elmstrom Younger | Mark D. Younger and Kristina Elmstrom Younger | December 26, 1989      | 55          |
| Joseph Readdy                               | Oakland Design Advocates                      | December 27, 1989      | 57          |
| Elaine Eisenstadt                           | Elaine Eisenstadt                             |                        | 59          |

The following persons submitted public testimony on the Draft EIR at the public hearing before the City Planning Commission (January 10, 1990) in order of comment presentation before the Commission:

| <u>Name of Commentor</u> | <u>Comment Representing</u>                   | <u>Date of Comment</u> |
|--------------------------|-----------------------------------------------|------------------------|
| Cecilia Kilmartin        | North Oakland Voters Alliance                 | January 10, 1990       |
| John Wagers              | North Oakland Voters Alliance                 | January 10, 1990       |
| Kaiser Knighton          | Kaiser Knighton                               | January 10, 1990       |
| Burns Cadwalader         | The Ratcliff Architects                       | January 10, 1990       |
| Commissioner Rowe        | Oakland City Planning Commission              | January 10, 1990       |
| Bill Lowe                | North Oakland District Council                | January 10, 1990       |
| Larry Taylor             | North Oakland Community Development Committee | January 10, 1990       |
| John Christensen         | Oakland Chamber of Commerce                   | January 10, 1990       |

**B. WRITTEN COMMENTS**

Following are copies of all written comments received on the Draft EIR, in the order of date prepared. In order to reproduce written comments on the Draft EIR in their entirety, correspondence received by the City has been reproduced on the following pages. The City (Lead Agency) has prepared responses to these comments, presented in Section IV of this document. The responses are arranged according to the corresponding topic section of the Draft EIR. In Section IV of this document, written comments have been edited in order to reproduce only substantive comments on the scope and content of the Draft EIR.



City of Oakland.  
10-18-89

Planning Department.  
Alvin D. James:

Concerning the project: Children's Hospital expansion:  
I live in the area and travel that route daily including getting seniors to + from the doctor grocery + bank.

For senior persons owning property in the area it will be stressful a hardship for them to relocate.

The Hospital has already acquired much property and can make better use of those by building over head on the parking area bounded by M.L.K. Dr. Dover 52nd. No. with an over head ramp for crossing to building + parking on foot having entrance + exits to that parking area by car only on M.L.K. Dr. way and Dover Street, leaving 52nd. St. open to S. Hattuck.

Emergency + Ambulance entrance + exit on the South side of 52nd. at Dover + M.L.K. Dr. way.  
There is ~~more~~ to close 52nd. and some existing homes now owned by the Hospital should be converted for family temporary housing.

A big issue too is emergency vehicles entrance and exit to serve residents beyond M.L.K. Dr. way. Fire Dept. Ambulance etc. It may cost more for the Hospital financially but more than finances will be cost to residents.

Please Consider  
Mrs. Jamerson

# CITY OF OAKLAND

## Interoffice Letter

City

Planning Department

Attention: Willie Yee

Date: October 31, 1989

From: Office of Parks & Recreation (OPR)

Subject: Children's Hospital Medical Center Draft EIR  
Review and Comment

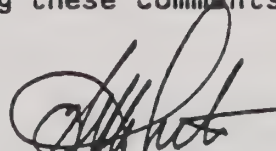
Thank you for the opportunity to respond to the Draft EIR for the proposed Children's Medical Center expansion project. Based upon a review of the draft EIR, OPR would like to relate the following comments and/or concerns:

1. Tree Removal - a Tree Removal Permit (TRP) will be required for the removal of certain trees from all lots where demolition of existing structures will occur. Any *Quercus agrifolia* trees larger than 4" diameter at breast height (dbh), and all other trees larger than 9" dbh (except *Eucalyptus* species, which are not protected) cannot be removed without a TRP.

2. Street Tree Planting - all proposed street tree plantings must be reviewed by this office for compliance with the Greenstreets street tree plan. Some of the preliminary streetscaping designs shown in the draft EIR may not be consistent with Greenstreets in terms of species and planting density, and may require revision. In addition, all street tree plantings should be installed in accordance with City specifications, especially root zone irrigation systems and root control devices.

3. 52nd Street Closure - the proposed closure of 52nd Street will have adverse impacts upon OPR maintenance staff who use 52nd Street (one of few streets passing under Highway 24) to access City parks and BART landscaping along M.L. King, Jr. Way. Project Alternative E, which would retain 52nd Street but re-route it around the proposed project, seems to represent a reasonable compromise, and should be adopted.

If there are any questions regarding these comments, please contact Management Assistant Antonio E. Acosta at x3092.



H. K. White  
Director

cc: OPR Cabinet

EIR-MED2/AEA/HD

FROM: Georgia George  
5804 Canning St.  
Oakland, CA 94609

TO: Willie Yee, Jr.  
Oakland City Planning Commission  
6th Floor, City Hall  
1 City Hall Plaza  
Oakland, CA 94612

DATE: 17 Nov. 1989

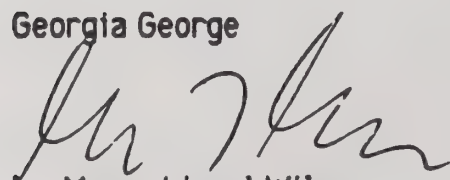
RE: Old Merritt College EIR

Mr. Yee,

Please be aware that as an active Oakland voter and resident, I fully support the requests as stated in the enclosed North Oakland Voters Alliance newsletter.

Thank you very much.

Georgia George

A handwritten signature in dark ink, appearing to read 'Georgia George', written over the printed name.

cc: Mayor Lionel Wilson  
Councilperson Marge Gibson-Haskell



# CHILDREN'S HOSPITAL MASSIVE EXPANSION WHAT YOU SHOULD KNOW

The City of Oakland has released the Draft Environmental Impact Report (EIR) for the proposed Children's Hospital expansion. The objectives of the expansion are to improve patient services and to improve the traffic circulation around the Children's campus. The plan calls for:

- The closure of 52 Street between Martin Luther King and Dover, and the closure of Dover Street between 52nd and 53rd Streets.
- The removal of 23 houses, with no replacement residence proposed
- The construction of a 4 story, 800 space parking garage, fronting 53rd Street
- The construction of a 5 story 80,000 square foot Ambulatory Center
- The construction of a 22,000 square foot Family Center
- The provision of 115,050 Square feet of open space, mostly consisting of an atrium over 52nd Street
- The reservation of some space for future development.

The main consequences of building the project are identified in the EIR as:

- The removal of residential units with no substitution of housing elsewhere
- The diversion of traffic to 55th Street and 45th Street, drastically increasing their use and impacting those who live there
- The closure of 52nd Street --- an identified future AC Transit Route and current bicycle route,
- An increase of an average of 2 minutes in the emergency response time to the east and west by the Police and the Fire Departments, which could make the difference between life and death
- The violation of the air quality standards and longer waits at certain intersections even with the identified mitigations, primarily because of the large increase in traffic this project will cause
- Complete disruption of the existing neighborhood scale of buildings, especially the 4 story tall parking garage and 5 story ambulatory center
- The possible "growth inducement" of additional medical uses or other "high intensity" uses nearby in the neighborhood, probably meaning the taking of even more housing.

## THE NORTH OAKLAND VOTERS ALLIANCE (NOVA)/AD HOC COMMITTEE TO SAVE THE OLD MERRITT COLLEGE BUILDING WANTS:

- Significant reduction in the scale and the scope of the project. No buildings should be taller than 3 stories. Moving some functions to the Old Merritt College Building would accomplish this goal and the two projects should be linked. Expansion to the Old Merritt College campus must mean a reduction in the expansion of the current campus.
- 52nd Street should be kept open. It is absolutely unacceptable to close this major arterial and divert traffic to the streets we live on.
- Replacement housing must be built, and the existing houses moved to a neighboring site..
- More traffic mitigations are absolutely necessary. Children's Hospital should hire an on site Commute Alternatives Coordinator, provide direct transit subsidies to its employees (not just distribute the tickets - give them away!), increase its BART shuttle services, build in design features to encourage transit use (bus shelters, etc..), provide preferential parking to carpools and vanpools and significant bicycle parking, adopt a Hire Oakland First policy, and require a minimum of 30% transit use among its employees (i.e. double the current rate of 15%). These measures will show that Children's Hospital is serious about being a good neighbor and reducing the traffic impacts on the neighborhood.
- All identified visual mitigations, namely height reductions, landscaping, light colored stucco, light shields, setbacks and indentation of the parking garage must be required to be implemented and again, the project should be reduced in scope to better match the residential setting of Children's Hospital.
- The City of Oakland must link the Children's Hospital expansion at its current campus to the proposal to use the Old Merritt College for administrative purposes, day care, a senior center, replacement housing, and research facilities. If that development proposal proceeds, the City must make a firm commitment to the current zoning for the neighborhood between the two campuses and absolutely prohibit further expansion of medical related uses on currently residential property in the project vicinity. We don't want North Oakland to turn into "Pill Hill"!

# CITY OF OAKLAND

## Interoffice Letter

To: City Planning Department Attention: Alvin James Date: November 27, 1989

From: Office of Economic Development and Employment

CHILDREN'S HOSPITAL MEDICAL CENTER

Subject: DRAFT ENVIRONMENTAL IMPACT REPORT

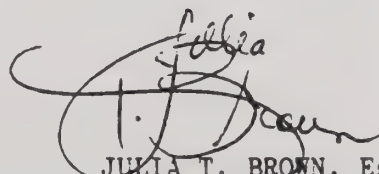
This interoffice letter is prepared in response to your October 12, 1989 letter to interested persons and organizations. This office welcomes the expansion of Children's Hospital. However, we are concerned with the proposed closure of 52nd Street.

In the Project Sponsor's Objectives, on page 39 of the Draft Environmental Impact Report, an objective states:

The project sponsor[']s objective in proposing closure of 52nd Street between Dover Street and Martin Luther King, Jr. Way is to enhance the safety of pedestrians traveling between the existing Hospital Campus and the project site; pedestrian safety could not be ensured if new development were to occur to the west of Martin Luther King, Jr. Way.

While closing 52nd Street would increase the safety of pedestrians traveling between Dover and Martin Luther King, Jr. Way, it will also critically reduce traffic circulation, thus endangering people through additional traffic congestion in other nearby areas.

This objective should be re-examined. External circulation patterns can be established that make pedestrian crossings inconvenient for the users of the Hospital. Internal circulation flows can be established that guide the pedestrians to a pedestrian overpass/underpass.

  
JULIA T. BROWN, Esq.  
Director

JTB:rmw



## OFFICE OF PLANNING AND RESEARCH

1400 TENTH STREET  
SACRAMENTO, CA 95814

November 27, 1989

Willie Yee, Jr.  
City of Oakland  
#1 City Hall Plaza  
Oakland, CA 94612Subject: Children's Hospital Medical Center Expansion  
SCH# 88022320

Dear Mr. Yee:

The State Clearinghouse has submitted the above named draft Environmental Impact Report (EIR) to selected state agencies for review. The review period is now closed and the comments from the responding agency(ies) is(are) enclosed. On the enclosed Notice of Completion form you will note that the Clearinghouse has checked the agencies that have commented. Please review the Notice of Completion to ensure that your comment package is complete. If the comment package is not in order, please notify the State Clearinghouse immediately. Remember to refer to the project's eight-digit State Clearinghouse number so that we may respond promptly.

Please note that Section 21104 of the California Public Resources Code required that:

"a responsible agency or other public agency shall only make substantive comments regarding those activities involved in a project which are within an area of expertise of the agency or which are required to be carried out or approved by the agency."

Commenting agencies are also required by this section to support their comments with specific documentation.

These comments are forwarded for your use in preparing your final EIR. Should you need more information or clarification, we recommend that you contact the commenting agency(ies).

This letter acknowledges that you have complied with the State Clearinghouse review requirements for draft environmental documents, pursuant to the California Environmental Quality Act. Please contact Loreen McMahon or Nancy Mitchell at (916) 445-0613 if you have any questions regarding the environmental review process.

Sincerely,

A handwritten signature in dark ink, appearing to read 'David C. Nunenkamp'.

David C. Nunenkamp  
Deputy Director, Permit Assistance

Enclosures

38

cc: Resources Agency



1. Project Title: Children's Hospital Medical Center Expansion  
2. Lead Agency: City of Oakland 3. Contact Person: Willie Yee, Jr.  
3a. Street Address: One City Hall Plaza 3b. City: Oakland  
3c. County: Alameda 3d. Zip: 94612 3e. Phone: (415) 273-3911  
PROJECT LOCATION 4. County: Alameda 4a. City/Community: Oakland  
4b. Assessor's Parcel No. 4c. Section 4d. Range

5a. Cross Streets: 52nd, 53rd, Martin Luther King Jr. Way, Highway 24 5b. For Rural, Nearest Community:  
6. Within 2 miles: a. By 980 b. ports c. ways d. ways

7. DOCUMENT TYPE 8. LOCAL ACTION TYPE 9. DEVELOPMENT TYPE  
01. CMA 01. General Plan Update 01. Residential: Units Acres  
02. JOP 06. JOC 02. New Element 02. Office: Sq. Ft.  
03. Early Cons 07. JOC 03. General Plan Amendment Acres Employees  
04. Map Doc 08. JOC 04. Master Plan 03. Shopping/Commercial: Sq. Ft.  
04. X Draft EIR 05. Annexation Acres Employees  
05. Supplement/ 06. Specific Plan 04. Industrial: Sq. Ft.  
06. Subsequent EIR 07. Community Plan Acres Employees  
(Prior SCH No.: 88022320) 08. Redevelopment 05. Water Facilities: MGD  
09. JOC 11. Draft 06. Transportation: Type  
10. FOUO 12. EA 07. Mining: Mineral  
11. Joint Document 12. Waste Right Plan 08. Power: Type Waste  
12. Final Document 13. Consolidated 09. Waste Treatment: Type  
13. Other 14. X Other: Street Vacation 10. CCS Related  
14. X Other: Parking structure 800 spaces;  
15. Other 15. X Other: 120,000 square foot outpatient facility;  
16. Other 16. X Other: 22,000 square foot expansion of family center.

10. SPECIAL ACTION 11. SPECIAL ACTION COMMENTS  
12. Resource Inventory 15. Agric Systems 21. X Water Quality  
01. X Aesthetic/Visual 02. X Flooding/Drainage 16. X Sewer Capacity 24. Water Supply  
03. Agricultural Land 03. X Geologic/Seismic 17. Soil 25. Wetland/Riparian  
04. X Air Quality 04. Jobs/Housing Balance 18. Soil Erosion 26. Wildlife  
05. Archaeological/Historical 05. Minerals 19. Solid Waste 27. Growth Inducers  
06. Central Town 06. X Noise 20. Toxic/Hazardous 28. Incompatible Landuse  
07. Economic 07. X Public Services 21. X Traffic/Circulation 29. X Cumulative Effects  
08. X Fire Hazard 08. Schools 22. Vegetation 30. Other  
13. REMARKS (approx) Federal \$ State \$ Total \$  
14. REMARKS LAND USE AND SOILS: Residential and Parking Lots

15. REMARKS: Parking structure with 800 spaces; 120,000 square foot ambulatory service center; closure of 52nd and Dover Streets; removal of 10 residential units; expansion (22,000 square feet) of family center and related surface parking lot.

CLEARINGHOUSE CONTACT: 916/445-0613  
LORREN McMAHON

*Nancy Mitchell* NANCY MITCHELL

STATE REVIEW BEGAN: 10-12-89

DEPT REV TO AGENCY: 11-20

AGENCY REV TO SCH: 11-22

SCH COMPLIANCE: 11-27

PLEASE RETURN NOC WITH ALL COMMENTS

AQMD/APCD: 2 (Resources: 10, 14)

|                            |                       |
|----------------------------|-----------------------|
| CMT SNT                    | CMT SNT               |
| <u>Resources</u>           | <u>EWQCB # 2 4</u>    |
| <u>Conservation</u>        | <u>Caltrans # 4</u>   |
| <u>Fish &amp; Game</u>     | <u>Trans Planning</u> |
| <u>Wildlife</u>            | <u>CHPs</u>           |
| <u>Parks &amp; Rec/OHP</u> | <u>Health</u>         |
| <u>ARB</u>                 | <u>Other</u>          |

\*\*\* = sent by lead / \*\* = sent by SCH

## Memorandum

To : Loreen McMahon  
State Clearinghouse  
1400 Tenth Street, Room 121  
Sacramento, CA 94814

Date : November 14, 1989

File No.: ALA-080-PM-2.40  
SCH# ~~89030056~~  
ALA080039

From : DEPARTMENT OF TRANSPORTATION  
DISTRICT 4

Subject : CHILDREN'S HOSPITAL MEDICAL CENTER EXPANSION (4.06 ACRES)  
Draft Environmental Impact Report

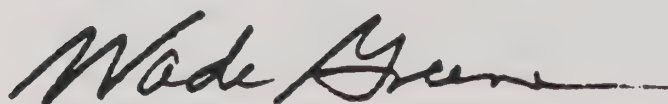
SSO-22326  
11/27

Thank you for including the Department of Transportation in the environmental review process for the above-referenced hospital expansion. This project includes a parking structure with 800 spaces; a 120,000 square foot ambulatory service center; closure of 52nd and Dover Streets; removal of 10 residential units; expansion (22,000 square feet) of the family center and related surface parking lot.

The project description on page 30 indicates that the proposed project would add about 61,240 gross square feet of floor area devoted to hospital outpatient activities at the project site, and about 22,000 gross square feet of floor area in the Family Center. Therefore, the proposed project would provide a total increase of 83,240 gross square feet of floor area. The same information is given on page 178 and page 179. However, it is stated in the "Trip Generation" section of page 98 and page 99 that the project would only add 75,000 gross square feet of floor area. This inconsistency is confusing and should be revised because a larger increase in floor area would generate more trips, which would in turn cause an increased traffic impact.

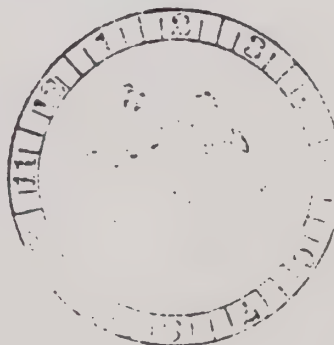
Based on the data contained in this DEIR, the project would not have a significant impact on State highway facilities.

If you have any questions, please contact Alice Jackson of my staff at (415) 557-2483.



WADE GREENE  
District CEQA Coordinator

cc: Susan Pultz, MTC  
Sally Germain, ABAG  
G Adams, ATSD Coordinator



## Memorandum

To : Dr. Gordon F. Snow  
Assistant Secretary for Resources

Date : November 17, 1989

Mr. Willie Yee, Jr.  
City of Oakland  
One, City Hall Plaza  
Oakland, CA 94612

Subject: Draft Environmental  
Impact Report (EIR)  
for Children's  
Hospital Medical  
Center Expansion,  
SCH# 8802232C

From : Department of Conservation—Office of the Director

The Department of Conservation's Division of Mines and Geology (DMG) has reviewed the Draft EIR for the Children's Hospital Medical Center Expansion project. We have the following comments.

The Draft EIR has identified the primary geologic and seismic hazards potentially affecting the project. They are: 1) very strong seismic ground shaking; 2) ground failure due to seismic shaking; 3) inundation from failure of the Lake Temescal dam; and, 4) increased erosion.

The Draft EIR has recommended that a geotechnical investigation be conducted for foundation design. A detailed geologic/geotechnical investigation is required by the State Building Code, Title 24, for all new hospital construction, and will be required for this project. In addition to providing input for foundation design, the investigation should confirm the Draft EIR's conclusion that liquefaction and settlement are not potential hazards to the project.

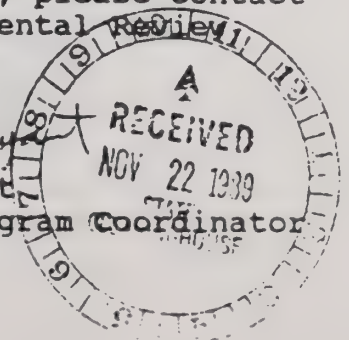
Seismic design of the proposed structures will be governed by Title 24, whose requirements meet or exceed the Uniform Building Code seismic design requirements.

The potential for inundation due to failure of Lake Temescal dam and the impacts of inundation on the project should be evaluated in greater detail in the Final EIR. The owner of the Lake Temescal facility should be able to provide an inundation map showing the area and depth of inundation in event of dam failure. The State Division of Safety of Dams should also have information on file regarding the seismic safety of the dam. This information should be used as the basis for describing the potential impacts on the project, and for development of appropriate mitigation measures, if required.

Mitigation measures proposed in the Draft EIR to reduce erosion and sedimentation associated with the project are adequate.

If you have any questions regarding these comments, please contact Zoe McCrea, Division of Mines and Geology Environmental Review Officer, at (916) 322-2562.

*Dennis J. O'Bryant*  
Dennis J. O'Bryant  
Environmental Program Coordinator



DJO:JS:efh

cc: Zoe McCrea, DMG  
John Schlosser, DMG



CAMILLE'S a small cafe

November 28, 1989

Alvin D. James  
Director of City Planning  
City Hall  
One City Plaza  
Oakland, California 94612

RE: Children's Hospital Medical Center Draft EIR

Dear Mr. James:

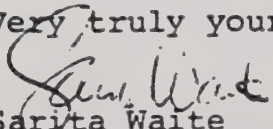
I am a merchant and property owner on Telegraph Avenue at 51st Street. I have read with great concern the Draft EIR in the above matter as this expansion of the hospital will, without better design and more thought for the immediate community and nearby commerce, seriously damage the area of Temescal.

My business depends upon people being able to walk to my shop and drive there and park. The diversion of traffic that will occur if 52nd Street and Dover are closed will hurt the quality of life on the Avenue. People are just beginning to stroll on the street and to sit on sidewalk tables. The added auto emissions and traffic jams that will occur when 7,000 cars have to get across Telegraph headed East coming from 45th and 55th rather than across Telegraph will be awful.

In addition, closing that street will prevent people from coming over from West Berkeley and Oakland, making my shop and the other stores on the Avenue, who depend upon serving all the people in the community, dependant on customers from east of Telegraph who are already served by Piedmont Avenue and Montclair.

It will serve to segregate the community in a way we should all seek to avoid.

Very truly yours,

  
Sarita Waite  
Proprietor

cc: Lionel Wilson, Mayor  
Temescal Coalition

5004 A TELEGRAPH AVENUE OAKLAND, CA 94609 (415) 428-1310



# BAY AREA AIR QUALITY MANAGEMENT DISTRICT

ALAMEDA COUNTY  
Edward R. Campbell  
Shirley J. Campbell  
(Chairperson)  
Chuck Corica  
Frank H. Ogawa

CONTRA COSTA COUNTY  
Paul L. Cooper  
(Secretary)  
Sunne Wright McPeak

MARIN COUNTY  
Al Aramburu

NAPA COUNTY  
Bob White

SAN FRANCISCO COUNTY  
Harry G. Britt  
Jim Gonzalez

SAN MATEO COUNTY  
Gus J. Nicolopoulos  
Anna Eshoo

SANTA CLARA COUNTY  
Martha Clevenger  
Rod Diridon  
Roberta H. Hughan  
Susanne Wilson

SOLANO COUNTY  
Osby Davis  
(Vice Chairperson)

SONOMA COUNTY  
Jim Harberson

City of Oakland  
City Planning Department  
One City Hall Plaza  
Oakland, CA 94612

December 11, 1989

Attention: Willie Yee, Jr.  
Associate Planner

Dear Mr. Yee:

We have reviewed the Draft Environmental Impact Report for the Children's Hospital Medical Center located on one and one-half city blocks adjacent to the existing Children's Hospital Medical Center on 52nd Street in Oakland. Construction of the project would replace existing buildings on the project site and also some office space in the existing Hospital campus, resulting in a net increase of 75,000 square feet of floor area and 570 parking spaces. We have the following comments on the DEIR.

Page 140 of the DEIR states that the 8-hour carbon monoxide (CO) standard would be exceeded at the 55th Street/Shattuck Avenue intersection with the addition of project generated traffic. This condition is expected to worsen by the year 2000 due to cumulative development in the area. Intersection improvements at 55th/Shattuck Avenue are expected to offset project-related CO increases to below the 8-hr standard. However, even with these improvements, the DEIR states on page 141 that intersection improvements would not be sufficient to reduce the impacts of cumulative development to a level of insignificance.

Despite these expected increases in CO concentrations by the year 2000, no mitigation measures to reduce cumulative CO concentrations are discussed in the DEIR. The DEIR states that the CO exceedance at the 55th Street/Shattuck intersection would be a direct result of the project's proposed closure of 52nd Street. With 52nd Street closed and traffic flow increasing due to cumulative development, we believe that one important mitigation measure to consider would be to keep 52nd Street open.

We recommend that the Final EIR seriously consider Alternative F (No 52nd Street Atrium) and other alternatives discussed which allow 52nd Street to remain open. We also suggest that the Final EIR include estimates of CO concentrations with 52nd Street open, in order to determine whether these alternatives would have beneficial air quality impacts. 52nd Street serves as one of only two collector streets running east-west near the project area (55th Street being the other). Allowing 52nd Street to remain open could alleviate future congestion in the area resulting from cumulative development.



Mr. Willie Yee, Jr.  
December 11, 1989  
Page 2

To help further reduce project-related CO levels, thereby reducing cumulative CO levels, we also recommend that the Final EIR examine the following mitigation measures to use in conjunction with intersection improvements and transportation systems management (TSM) programs already proposed:

1. As part of the TSM program discussed on page 130, the Final EIR should propose an employer-sponsored commute survey for the new Medical Center within one year of occupancy. This survey will supply employers with useful information on commute patterns. This can be used to modify the TSM program if needed, to achieve a higher participation level. For instance, Page 99 of the DEIR states that approximately 75% of the project generated trips will be distributed on Route 24 and Interstate Hwys 580 and 980. The commute survey could help identify where these drivers are going so that the TSM program could focus on specific commute alternatives that would entice some of those drivers into mass transit or other commute alternatives.

2. Because the project site is well served by local AC Transit routes and BART, employer-subsidized transit passes would likely increase the number of employees using transit. We suggest that the City consider requiring Children's Hospital to provide subsidized transit passes to its employees as part of its TSM program.

3. In order to further facilitate the use of mass transit, ridesharing and other commute alternatives, we recommend that the Final EIR discuss reducing the 570 parking spaces proposed for the project, giving exclusive or preferential parking to ridesharers, and/or instituting a parking fee. Revenues from parking fees might be used to offset costs of employer transit subsidies or other TSM elements. Experience has shown that parking supply management and pricing can add to the effectiveness of TSM programs.

If you have any questions, please contact Caron Jo Parker, Planner, at (415) 771-6000, extension 133.

Sincerely,



Milton Feldstein  
Air Pollution Control Officer

cc: BAAQMD Director Edward R. Campbell  
BAAQMD Director Shirley J. Campbell  
BAAQMD Director Chuck Corica  
BAAQMD Director Frank H. Ogawa

MF:CP:lm



# Oakland Design Advocates

December 18, 1989

Housing Committee Members  
Oakland City Council  
1 City Hall Plaza  
Oakland, CA 94612

Dear Committee Member:

On December 13, 1989 Oakland Design Advocates heard a presentation regarding the development of the old Merritt College campus. Panel members included representatives from IDG Architects, Grubb & Ellis, and Randolph Lagenbach. Representatives from NORA were invited but declined to attend. After the presentation and discussion, ODA voted unanimously to endorse the following motion.

Oakland Design Advocates supports the Childrens Hospital proposal (as prepared by IDG Architects) for the development of the old Merritt College campus site. ODA recommends that Childrens Hospital be given an opportunity to study the economic viability of their proposal, and present their findings to the City, as an alternate proposal. ODA further urges that the City make every effort to expedite closure with NORA, the original developer for this site.



Don Dommer  
Chair Oakland Design Advocates

CC. Mayor Lionel Wilson  
Oakland City Council members  
Members Planning Commission  
Brian Johns, The Tribune  
The Montclarion  
John Guillary, Grubb & Ellis  
Jim Ishimaru, Ishimaru Design Group  
Ad Hoc Committee to Save Merritt College Building

RECEIVED



Oakland  
Chamber of  
Commerce

475 14th Street  
Oakland, CA 94612-1928  
Telephone: 415/874-4800

December 19, 1989

Mr. Alvin James, Director  
City Planning Department  
City of Oakland  
1330 Broadway, Suite 310  
Oakland, Ca 94612

Re: Draft Environmental Impact Report, Children's  
Hospital Medical Center Expansion ER87-75  
Ref #R87-562

Dear Mr. James:

The Board of Directors at their meeting today unanimously reaffirmed their previous position of August 19, 1987 supporting the development plans for the Children's Hospital expansion located at the present site of the Hospital at 747 - 52nd Street including the modification by Children's Hospital on December 11, 1989 fully withdrawing their request for the closure of 52nd Street.

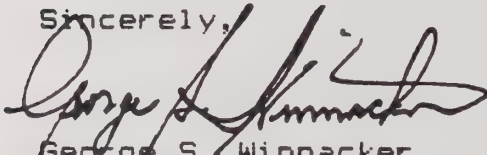
The Chamber supports the phased expansion project for the entire parcel which would require the closure of Dover Street between 52nd and 53rd Streets except for access by emergency vehicles, the construction of the 600 stall parking garage, the construction of a new ambulatory service center and additional parking as well as the expansion of the hospital's family center.

Through the Chamber's Committee for the North Oakland Medical Community, we have had previous reports on the importance of the Children's Hospital Medical Center as a regional facility with a payroll of \$63 million and 1700 employees, with approximately 650 who reside in Oakland.

ALVIN JAMES  
12/19/89  
PAGE -2-

It is the position of the Chamber that the modified development proposal by Children's Hospital mitigates most of the concerns of the City of Oakland as well as the concerns of the residents. We urge that you approve the draft Environmental Impact Report allowing the long delayed expansion program to proceed for the Children's Hospital Medical Center.

Sincerely,



George S. Winnacker  
Chairman of the Board

GSW/pyw

cc: Willie Yee, Assoc. Planner, Oakland Planning Commission  
Lucille Gudger, Chairman, Oakland Planning Commission  
Tony Paap, Administrator, Children's Hospital

Chamber of Commerce

Donald I. Barber, President and CEO  
William T. O'Leary, Chairman, Planning and Construction  
Committee  
John K. Christensen, Manager, Economic Development Dept.



# Children's Hospital

O A K L A N D

## CHILDREN'S HOSPITAL OAKLAND - IS -

1. Staying in North Oakland.
2. Withdrawing the request to close 52nd Street between Martin Luther King, Jr. Way and Highway 24.
3. Putting one level of the garage underground.
4. Reaffirming its 1979 agreement to limit expansion to the south side of 53rd Street, except on land already owned at the northeast corner of 53rd and Martin Luther King, Jr. Way.
5. Reaffirming its commitment to not force anyone to sell their home.
6. Encouraging community participation in design phase(s) of the garage and outpatient center.

/by  
12/20/89

Dec. 21, 1989

Mr. Willie Yee, Jr.  
Associate Planner  
City of Oakland  
1330 Broadway, Room 310  
Oakland, CA 94612

Subject: Comments regarding the Draft Environmental  
Impact Report for the proposed Children's  
Hospital Expansion Project.

Dear Mr. Yee:

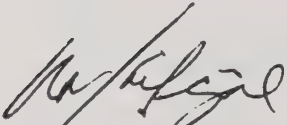
The staff of the AC Transit Research and Planning Department has reviewed the Draft Environmental Impact Report of the Children's Hospital Expansion project. The District has concerns regarding the proposed project and the AC Transit Board of Directors supports the staff position as articulated below:

- 1) Closure of the 52nd Street right-of-way as a public street. As stated in the Draft report, this action would alter vehicular traffic patterns along 52nd Street and divert those patterns to alternate routes. In Phase One of the District's restructuring plan, Line 12 will operate along 52nd Street, offering direct east/west service to the hospital. Since closing this street would necessitate rerouting the bus, the hospital would lose east/west transit access. Also, connections between Lines 12 and 15 would be eliminated, inconveniencing transit users. In addition, the reduction in operating Level of Service at certain intersections would cause problems with schedule adherence and quality of transit service. AC Transit opposes the closure of the 52nd Street right-of-way.
- 2) Erection of a parking structure adding 570 spaces to the existing allocation. While the District recognizes the importance of providing accessible emergency parking to reasonably accommodate the hospital's needs, the District also feels that providing free or under-priced parking

to employees effectively discourages transit use. The addition of 570 parking spaces would provide more than 300 spaces in excess of both parking demands and City of Oakland's recommendations. The District opposes offering free and abundant employee parking and suggests establishing a "self-supporting" garage which does not subsidize employee parking. Additionally, the District feels that the parking allocation for this project should be more in line with the City of Oakland's guidelines.

AC Transit could provide specific route information regarding future service plans. We would be available to work closely with city staff to assure that the concerns of transit and the transit riding community are addressed. Please contact Tina Konvalinka, of my staff, at 891-4754 for any additional information.

Sincerely,



Ron Kilcoyne  
Manager of Research and Planning

tbk:RJK  
eirchildrens



Robert Brokl  
Alfred Crofts  
636 59th St.  
Oakland, Ca. 94609  
(415) 655-3841  
Dec. 26, 1987

Attention: Mr. Willie Yee  
Planning Commission  
City of Oakland  
1330 Broadway  
Suite 310  
Oakland, Ca. 94612

To the Planning Commission:

We applaud Children's Hospital for the modification of their expansion plans--i.e., reducing in scale the parking structure on 53rd St. and not closing 52nd St.

However, we have strong concerns on two other impacts mentioned in the <sup>draft</sup> EIR:

1. The impact of increased traffic on air quality, congestion, parking, and noise. Mitigation must address the quality of life for surrounding residents who will suffer the consequences of a large increase of auto traffic.

2. Continued loss of residential units around the site. Twenty-three family houses will be lost to the present expansion. No additional housing should be allowed to be used for clinics, treatment facilities, or private physicians' offices; nor should the adjoining areas be upzoned.

Sincerely,



Robert Brokl

  
Alfred Crofts

**East Bay Bicycle Coalition**  
P.O. Box 1736    Oakland, California 94604

Alan Forkosh  
Please reply to : 33 Moss Avenue, # 204  
Oakland, CA 94610  
(415) 865-4221

December 26, 1989

Oakland City Planning Commission  
One City Hall Plaza  
Oakland, CA 94612

Re: Children's Hospital Medical Center EIR File No. 87-75. Ref. No. R87-562

Dear Commissioners:

Thank you for the opportunity to comment on the Draft Environmental Impact Report on the Children's Hospital Medical Center. As an organization dedicated to the everyday use of the bicycle, we believe that the report does not deal sufficiently with the effect of the proposed expansion on bicycle use.

In discussing the impact of the new garage on the parking situation in the area, the report does not mention whether bicycle parking facilities will be provided in connection with the project. One of the major reasons for not using a bicycle for commuting and daily errands is the lack of secure parking at the destination. Other hospitals in the area, including Kaiser and Alta Bates, do provide secure bicycle parking in their garages. Promoting bicycle use by providing parking would reduce the traffic impacts of the project.

The report attempts to deal with the effect of the proposed closure of 52nd Street on bicycle movement, but falls short of a complete discussion. Routes used by cyclists between Emeryville and Piedmont, Montclair, and Lakeshore districts would be severely impacted by the closure of 52nd Street. Currently, cyclists travelling from Emeryville to the east travel on Stanford Avenue to Sacramento and either use 55th Street or 52nd Street to Shattuck, continuing east on 52nd and 51st to their destinations. The closure of 52nd Street will concentrate both bicycle and automobile traffic on 55th and Shattuck, with turns on and off Shattuck at 55th and 52nd. The increased traffic density on these streets will make it more difficult for cyclists to make the required turns on and off of Shattuck Avenue. If the number of lanes on Shattuck is increased, cyclists turning left off of Shattuck will need to cross an additional lane of north-south traffic in order to continue on their way. In addition, if the extra lanes cause the curb lanes to be narrower than 12 feet (clear of all obstructions including gutters and drains), lane sharing between bicycles and automobile traffic will be impossible.

We urge that the EIR be modified to include a discussion of the above points.

Sincerely yours,



Alan Forkosh  
Chair

cc: Willie Yee, Jr.



EAST BAY MUNICIPAL UTILITY DISTRICT

ENGINEER  
DATE  
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RECEIVED

DEVELOPMENT  
ENGINEER  
DATE  
DRAWN  
CHECKED  
DATE

December 26, 1989

Oakland Planning Commission  
6th Floor, City Hall  
One City Hall Plaza  
Oakland, CA 94612

SUBJECT: Children's Hospital Medical Center Expansion Draft Environmental  
Impact Report

Dear Planning Commission Members:

Thank you for the opportunity to review the subject environmental document. EBMUD has the following comments regarding water and wastewater service.

On Page 162, last sentence of first paragraph under Impact, this sentence should be deleted. This project is entirely in EBMUD's Claremont Pressure Zone and new pressure zones will not be required. Back-up service from a second pressure zone may be desirable. While this may be expensive, the project sponsor should evaluate the need for emergencies such as earthquakes.

On Page 162, second paragraph under Impact, regarding the need for new eight-inch water mains, the project sponsor should contact EBMUD's New Business Office for a water service estimate. This water service estimate will determine the extent, location, and cost of any distribution system improvements needed for this project. Besides the need for right-of-ways for existing pipelines in streets to be abandoned, pipeline relocations at project sponsor expense, may be required because of construction of project features or street abandonments. The evaluation of the need for pipeline relocations can be included in the water service estimate. Further, information will be provided regarding system capacity charges, connection fees, wastewater capacity charges, and other fees and charges.

The project sponsor should incorporate water conservation measures into the construction and landscaping of this project to help mitigate the impact of additional water service demand on EBMUD's water supply. EBMUD encourages the use of equipment, devices and methods for plumbing fixtures and irrigation that provides for long-term efficient water use. EBMUD also encourages selection of lower water-requiring plants, use of inert materials, and limiting of turf. EBMUD has water conservation staff available to meet with and to advise applicants on conservation measures related to water service and landscaping concerns.

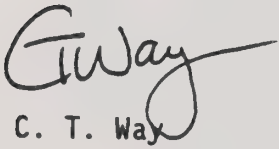




Oakland Planning Commission  
Children's Hospital Medical  
Center Expansion DEIR  
December 26, 1989  
Page 2

If you have any questions or require further information, please contact Leo J. O'Brien, Senior Civil Engineer, Water Service Planning at (415) 891-0695.

Very truly yours,

  
C. T. Wax

CTW:WWMcG:wwmcg

26 December 1989

724 56th Street  
Oakland, CA 94609  
415-653-3451

Attn: Willie Yee, Jr.  
Oakland City Planning Commission  
1330 Broadway, Suite 310  
Oakland, CA 94612

Dear Planning Commission,

We commend Children's Hospital for their responsiveness to community concerns since the release of the Draft Environmental Impact Report on the Children's Hospital Expansion, as shown in the attached handout. We are especially pleased to note the withdrawal of the proposal to close 52nd Street and the encouragement of community participation in the design phases of the project. We are writing to encourage the City acceptance of the revised Children's Hospital proposal, **contingent upon the conditions shown in the handout from Children's Hospital and addressing the remaining concerns outlined below.**

As stated above, we have found Children's Hospital's recent actions to be responsive to community concerns. However, two issues remain that require action by the City of Oakland.

- 1) TRAFFIC: We strongly request that Children's Hospital commit to programs that will reduce the traffic impact on the neighborhood caused by their expansion. We insist that the City of Oakland require a comprehensive Transportation Systems Management (TSM) program that will include components such as guaranteed preferential parking for carpools/vanpools, increased transit subsidies and BART shuttle services, and provisions for bicycle commuting. Furthermore, additional traffic analysis should be performed which examine the operation of the on and off ramps from Highway 24, and additional mitigations (such as widening the off ramp onto Martin Luther King) should be considered in light of the projected LOS F on the intersections immediately adjacent to these ramps. The Hospital must also take steps that will insure that the parking garage that they are building will be used, especially by their employees. Experience from other hospital expansions in the Bay Area (i.e. Pill Hill) shows that such incentives are imperative to ease neighborhood parking problems.

- 2) **ADDITIONAL VISUAL MITIGATIONS:** The Draft EIR discusses potential visual mitigations, such as stepping back the top floor of the parking garage and indenting its facade, landscaping, light colored stucco, and light shields. These mitigations should be a **REQUIRED** contingency of granting Children's Hospital's request to expand in this residential neighborhood.

While supporting, with conditions, the current proposal for Children's Hospital's expansion, we wish to make it clear that Oakland must prohibit the further expansion of medical related uses on currently residential property in North Oakland. We feel that the practical application of this policy will require Oakland to seriously consider the Children's Hospital's proposal for the Old Merritt College campus. Children's Hospital is a valuable community institution that is committed to staying in North Oakland. We residents of the neighborhood are steadfastly opposed to continued expansion that eats up housing. The Old Merritt College campus provides a mutually acceptable long term solution.

Sincerely,



Mark D. Younger



Kristina Elmstrom Younger

Attachment

cc. Councilperson Marge Gibson-Haskell  
Mayor Lionel Wilson



# Oakland Design Advocates

December 27, 1989

Alvin D. James  
Director of City Planning  
City of Oakland  
One City Hall Plaza  
Oakland, CA 94612

Re: Children's Hospital Medical Center  
Draft Environmental Impact Report

Dear Mr. James:

The Oakland Design Advocates respects the mission of Children's Hospital Medical Center and the service that it provides to the community. ODA is aware of the severity of the constraints under which CHMC must operate and is sympathetic to the need for expansion of the physical plant to meet the current demand for service. ODA cannot, however, support the approval of the draft environmental impact report for the project as submitted.

Development of the project as proposed will result in significant adverse environmental effects that are without mitigation. Paramount among these is the adverse impact on the response to emergencies by the police department and fire department. Increases of from one to two minutes for police and fire services to reach their calls is anticipated. While the consequences of these increases is neither quantitatively nor qualitatively identified in the EIR, increases in this range must be considered life threatening.

It is interesting to note that the most significant impacts of the project upon the environment are the direct result of only one element of the project: the street closure. Vacation of the 52nd Street right-of-way is the root cause of the impacts upon emergency services and air pollution. Alternative F, considered in the EIR, provides for the re-zoning of the site and construction of the parking structure and Ambulatory Services Center while eliminating the impacts that are without mitigation. ODA recommends this alternative to the project.

Alvin D. James  
December 27, 1989.  
Page Two

Recommendation of Alternate F is not without reservation, however. ODA agrees with the policies of the Land Use, Housing, and Policy Elements of the General Plan with regard to the relocation of existing housing units to vacant lots in residential areas in the vicinity of the project.

ODA is concerned with the character of the external environment. The project, as proposed, indicates an alley between the Ambulatory Services Center and the parking structure. The alley is located on the north side of the five story ASC and will be in shadow a significant portion of even the sunniest summer day. Improvements in the quality of this space are possible. ODA requests the opportunity to review this project at appropriate stages of development.

The Oakland Design Advocates recommends the consideration of Alternate F: rezoning of the site and construction of the Ambulatory Services Center and parking structure. ODA cannot recommend the project as submitted for consideration.

Sincerely,

OAKLAND DESIGN ADVOCATES

A handwritten signature in cursive script that reads "Joseph Readdy".

Joseph Readdy  
Reviewer

Elaine Eisenstadt  
670 53rd Street  
Oakland, CA 94609

Willie Yee, Jr., Associate Planner  
City of Oakland Planning Department  
1330 Broadway, Room 110  
Oakland, CA. 94612

Dear Mr. Yee,

Thank you very much for sending me a Draft EIR for the Children's Hospital Medical Center project. I was very pleased to see that moving, rather than destroying, any existing housing stock currently on the site of the proposed project, is being considered.

There is one significant omission in the EIR which I would like to point out to you. In the section concerning air quality, the report explores at length excess of 8 hour averages at various intersections due to anticipated increased traffic at those intersections, but nowhere accounts for increased emissions due to the nature of automobile movement in a parking garage. My understanding is that parking garage emissions are particularly bad. I am sure it would be easy for your consultants to obtain data on such emissions and to integrate those into the study. As you well can imagine, this would have significant additional negative impact on the air quality in the neighborhood. In this day and time of concern about environmental quality and global warming, large businesses such as Children's Hospital (especially since their business is health care) should be encouraged by governmental bodies to seek alternatives to promoting an ever increasing dependence on fossil fuels. Perhaps a smaller garage with more Bart shuttles, combined with incentives for employees and patients to use public transportation, which is quite available in the area, could be included in one of the EIR alternatives. Please give consideration to this matter.

Please send me notice of the upcoming public hearing on the EIR. Thank you.

Sincerely,



Elaine Eisenstadt



**C. MINUTES OF PUBLIC HEARING**

Following are the minutes of the Public Hearing before the City Planning Commission (January 10, 1990). Comments made before the Planning Commission on the Draft EIR at the public hearing, and responses to these comments, are presented in Section IV of this document. An official copy of the transcript of the public hearing is available for public review at the Oakland City Planning Department, 1330 Broadway, Suite 310, Oakland, California.

PUBLIC HEARINGS:

11. CHILDREN'S HOSPITAL MEDICAL  
CENTER (CHMG)  
ER87-75 (R87-562)

Consideration of the Draft Environmental Impact Report (DEIR) for the CHMC expansion project located on the site bounded by Martin Luther King Jr. Way, the Grove Shafter Freeway, 52nd and 53rd Streets. The project will include a 260,000 square foot parking structure containing 800 parking spaces, a 120,000 square foot ambulatory services center and a 22,000 square foot expansion of an existing facility that provides temporary housing for families of patients. (See item - below. R87-562.)

James reviewed the DEIR for Children's Hospital and the rezoning application (12 below).

SPEAKERS: Cecilio Kilmartin, 569 57th, John Wagers, 5820 Ayala Ave., and Kizer Knighten, 3300 Birdsall Ave., spoke against the application. Wendall Mitchell, 4226 Midvale spoke on behalf of the applicant and introduced the speakers for Children's. Burns Cadwalader, 6117 Martin Luther King Jr. Way, Peggy Baxter, Childrens Hospital, Dr. Elliott Vichinski, Bill Lowe, 6542 Tremont St., Chair, North Oakland District Council, Larry Taylor, Chair, N.O.C.D.C., 655 55th St., John K. Christensen, Oakland Chamber of Commerce.

ACTION: Public hearing closed on the EIR. Public hearing to remain open on the rezoning application.

12. CITY PLANNING-COMMISSION  
R87-562 (ER87-75)

Consideration of rezoning-from R-40 Garden Apartment Residential and R-50 Medium Density Residential to the S-1 Medical Center Special Zone the area bounded by Martin Luther King Jr. Way, 52nd and 53rd Streets and the Grove Shafter Freeway (CEQA Status: Environmental-Impact Report completed. (See item - above. ER87-75.)

Note: See item 11 above.

## IV. RESPONSES TO COMMENTS

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This section contains public comments received on the Draft EIR, and responses to those comments.

All substantive spoken comments made at a public hearing before the City Planning Commission and all substantive written comments received during the public review period are presented here and edited to omit repetition and nonsubstantive material.

Comments and responses are grouped by subject matter and are arranged by topics corresponding to the Table of Contents in the Draft EIR. Each group of comments is followed by its response. As the subject matter of a topic may overlap that of other topics, the reader must occasionally refer to more than one group of Comments and Responses to review all information on a given topic.

### **A. DRAFT EIR PROJECT DESCRIPTION**

#### **PROJECT CHARACTERISTICS**

##### **Comment Sources:**

Mrs. Jameson, written comments of October 10, 1989. Burns Cadwalader, The Ratcliff Architects, public testimony of January 10, 1990. Peggy Baxter, Children's Hospital, public testimony of January 10, 1990.

##### **Comments:**

"For Senior persons owning property in the area it will be stressful and a hardship for them to relocate. The Hospital has already acquired much property and can make better use of those by building over head on the parking area bounded by M.L.K. Jr. Dover 52nd No. with an over head ramp for crossing to buildings and parking on foot having entrance and exits to the parking area by car only on M.L.K. Jr. Way and Dover Streets, leaving 52nd St. open up to Shattuck. Emergency and Ambulance entrance and exit on the south side of 52nd at Dover & M.L.K. Jr. Way. There is no need to close 52nd and some existing homes now owned by the Hospital should be converted for family temporary housing." (Mrs. Jameson)



"You've reviewed the EIR and you know what the original projects was. We have dropped the closure of 52nd Street. 52nd Street will now continue through. And we have discussed this with the Traffic Engineering and Mike Pickering, and this represents their desire to have this widened to four lanes of through traffic which will be done eventually. Of course, you also should understand that there are four properties which the hospital does not own. And of course, until those are acquired, the full measure of the street widening cannot take place." (Burns Cadwalader)

Response:

As discussed in the first partial paragraph on page 50 of the Draft EIR:

Development of Phase I of the proposed project would consist of a 600-space parking garage to be located on a portion of the project site that is already fully owned by the Hospital.

Development of Phase I as currently proposed would consist of a 600-space parking garage, after removal of five residential structures under Hospital ownership. Development of the 200-space addition to the Parking Garage and the Ambulatory Services Center (Phase II), and expansion of the Family Center (Phase III) would occur only after the Hospital has acquired properties by market acquisition.

Subsequent to publication of the Draft EIR on October 12, 1989, The Ratcliff Architects as authorized agents of Children's Hospital Medical Center submitted to the Oakland City Planning Department (on December 13, 1989) a revised description of the proposed Children's Hospital Center Expansion project, in response to some of the Unavoidable Significant Adverse Impacts identified in the Draft EIR (including effects on emergency response times of Police and Fire Departments). This revised project is now the project sponsor's preferred alternative, a new alternative to the proposed project subsequent to publication of the Draft EIR, as described in Section II of this document. The Hospital has reaffirmed its commitment not to force any property owners on the project site to sell their homes (see written comment from Children's Hospital dated December 20, 1989, in this document).

The preferred alternative project is the only development scenario that provides sufficient building space for immediate needs of the Hospital, particularly

off-street parking and outpatient treatment areas, while also providing additional public right-of-way to the City for widening of 52nd Street to accommodate motor vehicle traffic. The closure of 52nd Street, proposed with the project evaluated in the Draft EIR, has been withdrawn by the Hospital in response to opposition from area residents and other public agencies. Similarly, design modifications to lower the overall height of the parking garage have been incorporated into the preferred alternative development, in response to concerns expressed by area residents about the relationship of the garage height and scale to adjacent residences.

Re-configuration of needed Ambulatory Service and parking garage space onto existing surface parking lots on the site, without removal of any existing residential structures, would result in new buildings of substantially greater height than those currently proposed.

Comment Source:

H.R. White, City Office of Parks and Recreation, written comments of October 31, 1989.

Comment:

"Tree Removal - A Tree Removal Permit (TRP) will be required for the removal of certain trees from all lots where demolition of existing structures will occur. Any *Quercus agrifolia* trees larger than 4" diameter at breast height (dbh), and all other trees larger than 9" dbh (except *Eucalyptus* species, which are not protected) cannot be removed without a TRP.

"Street Tree Planting - all proposed street tree plantings must be reviewed by this office for compliance with the Greenstreets street tree plan. Some of the preliminary streetscaping designs shown in the draft EIR may not be consistent with Greenstreets in terms of species and planting density, and may require revision. In addition, all street tree plantings should be installed in accordance with City specifications, especially root zone irrigation systems and root control devices."

Response:

Comments are noted. Prior to the start of any site preparation activities for project construction, the Hospital would be required to obtain demolition, grading and

building permits from the appropriate City departments. At that time, City departments (including the Office of Parks and Recreation) could review the proposed site and building plans as part of the normal review process required before permits could be issued, and could make recommendations for changes in landscaping (or other design) plans proposed. Removal of existing vegetation, and installation of new landscaping, would be subject to the permit requirements of all responsible City departments.

Comment Source:

Georgia George, North Oakland Voters Alliance, written comments of November 17, 1989.

Comment:

"Please be aware that as an active Oakland voter and resident, I fully support the requests as stated in the enclosed North Oakland Voters Alliance newsletter.

"THE NORTH OAKLAND VOTERS ALLIANCE (NOVA)/AD HOC COMMITTEE TO SAVE THE OLD MERRITT COLLEGE BUILDING WANTS:

- Significant reduction in the scale and the scope of the project. No buildings should be taller than 3 stories. Moving some functions to the Old Merritt College Building would accomplish this goal and the two projects should be linked. Expansion to the Merritt College campus must mean a reduction in the expansion of the current campus.
- 52nd Street should be kept open. **It is absolutely unacceptable to close this major arterial** and divert traffic to the streets we live on."

Response:

Subsequent to publication of the Draft EIR on October 12, 1989, The Ratcliff Architects as authorized agents of Children's Hospital Medical Center submitted to the Oakland City Planning Department (on December 13, 1989) a revised description of the proposed Children's Hospital Medical Center Expansion project, in response to some of the Unavoidable Significant Adverse Impacts identified in the Draft EIR. This revised project is now the project sponsor's preferred alternative, a new alternative to the proposed project subsequent to publication of the Draft EIR, as described in Section II of this document. The preferred alternative incorporates a number of design revisions to the proposed



parking garage that are intended by the project architects to enhance the garage's physical relationship to existing development on the north side of 53rd Street, including a lower overall height and facade indentations at regular intervals. The preferred alternative also includes retaining 52nd Street as a public right-of-way for motor vehicle traffic. Partial widening of the 52nd Street right-of-way between Martin Luther King Jr. Way and about 100 ft. west of the 52nd Street intersection with Dover Street would occur during Phase I; completion of the 52nd Street right-of-way widening would occur to Dover Street during Phase II, and to Highway 24 during Phase III (see Section II.A of this document).

The project sponsor's have proposed, as part of the preferred alternative project, to relocate rather than demolish (as feasible) existing residential structures on the site. The Old Merritt College campus is one of the potential sites that may be evaluated for relocating of the housing units (see pp. 27-29, Section II.B of this document).

Section IV.C. of this document provides a response to comments received regarding the relocation of Children's Hospital activities to the Old Merritt College Campus.

Comment Source:

Wade Green, State of California Department of Transportation, District 4, written comments of November 14, 1989.

Comment:

"The project description on page 30 indicates that the proposed project would add about 61,240 gross square feet of floor area devoted to hospital outpatient activities at the project site, and about 22,000 gross square feet of floor area in the Family Center. Therefore, the proposed project would provide a total increase of 83,240 gross square feet of floor area. The same information is given on page 178 and page 179. However, it is stated in the "Trip Generation" section of page 98 and page 99 that the project would only add 75,000 gross square feet of floor area. This inconsistency is confusing and should be revised because a larger increase in floor area would generate more trips, which would in turn cause an increased traffic impact".

Response:

The description of the project on page 30 of the Draft EIR outlined additional gross square feet of building area devoted to Hospital activities on the project site. The additional building area devoted to hospital activities used for analysis of operational trip generation (page 98 of the Draft EIR) subtracted an additional 8,240 gross square feet of floor area used for hospital activities, in a temporary structure on the existing Hospital Campus, that would be removed and its uses relocated once the Ambulatory Services Center were completed. The description of the proposed project in DEIR Section III was intended to describe actual construction proposed for the project site.

## PROJECTS SPONSOR'S OBJECTIVES

Comment Source:

Julia T. Brown, City Office of Economic Development and Employment, written comments of November 27, 1989.

Comment:

"In the Project Sponsor's Objectives, on page 39 of the Draft Environmental Impact Report, an objective states:

'The project sponsor['s objective in proposing closure of 52nd Street between Dover Street and Martin Luther King, Jr. Way is to enhance the safety of pedestrians traveling between the existing Hospital Campus and the project site; pedestrian safety could not be ensured if new development were to occur to the west of Martin Luther King, Jr. Way.'"

Response:

The project sponsor's preferred alternative, described in Section II of this document and referenced in previous responses to comments, proposes to retain (and improve) 52nd Street as a public right-of-way for motor vehicle traffic. Thus, the objective in the Draft EIR cited by the commentor is no longer applicable to the proposed expansion project; the preferred alternative

incorporates elements intended to enhance the safety of pedestrians crossing 52nd Street between the existing Hospital and the development proposed, without closure of 52nd Street as a right-of-way.

Comment Sources:

George S. Winnacker, Oakland Chamber of Commerce, written comments of December 19, 1989. John Christensen, Oakland Chamber of Commerce, public testimony of January 10, 1990.

Comments:

"The Board of Directors at their meeting today unanimously reaffirmed their previous position of August 19, 1987 supporting the development plans for the Children's Hospital expansion located at the present site of the Hospital at 747 - 52nd Street including the modification by Children's Hospital on December 11, 1989 fully withdrawing their request for the closure of 52nd Street.

"The Chamber supports the phased expansion project for the entire parcel which would require the closure of Dover Street between 52nd and 53rd Streets except for access by emergency vehicles, the construction of the 600 stall parking garage, the construction of a new ambulatory service center and additional parking as well as the expansion of the hospital's family center.

"Through the Chamber's Committee for the North Oakland Medical Community, we have had previous reports on the importance of the Children's Hospital Medical Center as a regional facility with a payroll of \$63 million and 1700 employees, with approximately 650 who reside in Oakland.

"It is the position of the Chamber that the modified development proposal by Children's Hospital mitigates most of the concerns of the City of Oakland as well as the concerns of the residents. We urge that you approve the draft Environmental Impact Report allowing the long delayed expansion program to proceed for the Children's Hospital Medical Center." (George Winnacker)

"We have already gone on record, and the letters have been submitted on December 19th in unanimous support of this project as modified with keeping the 52nd Street



open. We've also referenced the North Oakland Medical Committee which is coordinated by the Oakland Chamber. And one item that I think you need to know, that this particular facility is, because of the nature and the high level of care, is very labor intensive. It is not in the documents, but there is a \$63 million payroll which comes from this facility each year based on last year's records, with a total of 1700-plus employees. And you must know that over 650 of them are Oakland residents. This is a major asset for the City of Oakland, a major regional industry. It is a major component, along with all the other hospitals, employing 10,000-plus residents--not all residents, but 10,000 employees in this City." (John Christensen)

Response:

Comments are noted. The commentors do not comment on the adequacy of the Draft EIR on the proposed project, nor do they raise any environmental issues. Therefore, no response is necessary.

Comment Source:

Children's Hospital Oakland, written comments of December 20, 1989.

Comments:

"CHILDREN'S HOSPITAL OAKLAND - IS - 1) Staying in North Oakland. 2) Withdrawing the request to close 52nd Street between Martin Luther King, Jr. Way Highway 24. 3) Putting one level of the garage underground. 4) Reaffirming its 1979 agreement to limit expansion to the south side of 53rd Street, except on land already owned at the northeast corner of 53rd and Martin Luther King, Jr. Way. 5) Reaffirming its commitment to not force anyone to sell their home. 6) Encouraging community participation in design phase(s) of the garage and outpatient center."

Response:

Characteristics of the project sponsor's preferred alternative are described in Section II of this document. Environmental impacts, mitigation strategies and the level of significance of impacts after mitigation of the preferred alternative are summarized in Table A in Section II.

**B. ENVIRONMENTAL, SETTING, IMPACTS AND MITIGATION MEASURES**

**LAND USE**

**Comment Sources:**

Georgia George, North Oakland Voters 'Alliance, written comments of November 17, 1989. Joseph Readdy, Oakland Design Advocates, written comments of December 27, 1989. Cecilia Kilmartin, North Oakland Voters Alliance, public testimony of January 10, 1990. Commissioner Rowe, Oakland City Planning Commission, public testimony of January 10, 1990.

**Comments:**

"Replacement housing must be built, and the existing houses moved to a neighboring site. . ." (Georgia George)

"Recommendation of Alternate F is not without reservation, however. ODA agrees with the policies of the Land Use, Housing, and Policy Elements of the General Plan with regard to the relocation of existing housing units to vacant lots in residential areas in the vicinity of the project." (Joseph Readdy)

"The second condition is that the residential homes that they will be supplanting be relocated to vacant lots, if possible, in the area. Dreyers, we feel, has set a very bad precedent in Oakland by destroying two residential homes and getting rezoning of those, and we don't want to see this kind of rezoning and demolition of residential homes elsewhere in the city." (Cecilia Kilmartin)

"In regards to the first speaker again, she was asking also about these homes and the possibility of being relocated, the actual physical buildings that you own or that you are going to acquire. Again, I think this is something that the city can help you, but I'm not sure how we take this mechanism and make it happen. And I'm looking to the staff for their help to work with (you) ..." (Commissioner Rowe)

Response:

The project sponsor's preferred alternative is discussed in Section II of this document; a mitigation measure proposed as part of the preferred alternative would relocate rather than demolish, as feasible, the 23 existing residential units to vacant lots in residential areas in the site vicinity if the units are determined to be in sound physical condition. Because 14 of the existing 23 residential structures on the site are currently owned by the Hospital and are no longer in residential use, the relocation to vacant sites and return to residential use of all 23 existing residential structures could result in an increase in the housing stock in North Oakland, by as many as 14 units as a result of full buildout of the proposed development site. Sponsors of other projects in Oakland have been required by the City to relocate residential structures as a condition of project approval. Therefore, a procedure for accomplishing such relocation is already in place. The City office of Community Development could be brought into the relocation process to find suitable vacant lots, and to determine which of the residential structures are capable of being relocated and rehabilitated for residential use.

Comment Sources:

Robert Brokl and Alfred Crofts, written comments of December 26, 1989. Cecilia Kilmartin, North Oakland Voters Alliance, public testimony of January 10, 1990. Commissioner Rowe, Planning Commission, public testimony of January 10, 1990. Peggy Baxter, Children's Hospital, public testimony of January 10, 1990, Bill Lowe, North Oakland District Council, public testimony of January 10, 1990. Larry Taylor, North Oakland Community Development Committee, public testimony of January 10, 1990.

Comments:

"Continued loss of residential units around the site. Twenty-three family houses will be lost to the present expansion. No additional housing should be allowed to be used for clinics, treatment facilities, or private physicians' offices; nor should the adjoining areas be upzoned." (Robert Brokl and Alfred Crofts)



"I would like to just begin by saying that we as a group would like to commend very highly Children's Hospital on their process of evaluating the EIR with the neighbors around their property, and making changes in their plans to accommodate the neighbors' needs. And we feel that the acceptance of the EIR should be predicated on Children's Hospital taking mitigating measures; and if the following conditions are made, we support the expansion. So I have four conditions I would like to go over: the first is that Children's Hospital not be permitted to expand and intrude further into the neighborhood beyond 53rd Street, which is where this plan is incorporated, unless it's onto the Old Merritt College campus site. Beyond that, we would like them not to intrude upon the neighborhood." (Cecilia Kilmartin)

"This is in regard to the first speaker from the Homeowner's Association. They were asking about a master plan, and the EIR refers to this development taking place over the next three year period or maybe four years. I was wondering what kind of plans your firm or the hospital has done for the long run? I'm talking like ten years out or twenty years out? And if you don't have something to present us, if the response to the EIR could address this? I'm just wondering for the staff how appropriate it is to make part of this EIR a longer range master plan than just the next three to four years? If that's--if the staff has requested that, or the applicant? I'm asking for something further than that. So that what the chairman is saying that--and I realize it's a catch-22 situation--I think I'm more responding to the neighborhood's concerns that the hospital doesn't expand and take another block." (Commissioner Rowe)

"One of the things that we've said to our community during the series of meetings that we've had is that there are single family and other residential homes in the area that we are talking about. And while we have been real clear and have talked to all of the property owners about our expansions desires, we've also said we have no desire to force anyone out of their residence. That's a commitment we've made and that's a commitment we intend to keep. In 1979 we had an expansion proposal before the city, and at that time we committed to not expanding beyond south 53rd Street. And we have reaffirmed that commitment, so we certainly are trying to be sensitive. We think that our neighbors have a better understanding and appreciation for what our problems are.

"We have an appreciation for the fact that we are co-existing in a residential neighborhood. People have made lifelong commitments to where they live. They love where they live. And we don't have the power to evict, and we have no desire at this time to try to put into place any kind of legal process to evict people. But the door is open is a neighbor has an interest in coming and talking with us about Children's acquiring their properties." (Peggy Baxter, CHMC)

"I would like to particularly say that I have been working with this project for a long time, and many questions that was asked--for example, the person about the house, there was the questions of moving some of the houses before, there also has been commitments, and I want make this very clear, that the Children's Hospital has been very patient. There's been commitments about going across the street, how far it's going to go. They have followed this in spite of many, many problems. And I think also the question was raised, and I'll just let this go, another question, that in spite of the fact that they wanted to build in the area before, they have made a commitment not to move out anyone out of homes unlessing they agree, and that has been done. And they have to even go around and build a new policy, new ways in order to keep these families in the homes, and I just think that is very commendable on their part." (Bill Lowe)

"I'm the Chairman of the North Oakland Community Development Committee. And I want to commend Children' Hospital myself personally for the process that they have created to allow for the participation of the community in review of the EIR which we strongly support, in addition to supporting the recommendation of rezoning from R-40 to S-1 to allow them to go forward with the proposed development that they have in their expansion plan. I just want to address one other additional thing that was brought up here today. And that is the fact that I think as Commissioner Rowe has been asking about, their long-term future plans and continuing to link that question to statements made by earlier speakers relative to the Merritt College site. And what we want to make perfectly clear here tonight is that Children's Hospital is here addressing the EIR that was on the study of the expansion of this current site where they exist, which we support, and we're not here trying to advocate any other expansions or developments or planning at this particular point in juncture. And I don't think it's fair for you to, you know, put that type of pressure on them at this particular time because it's very sensitive. Thank you." (Larry Taylor)

Response:

Table A in Section II of this document summarizes environmental impacts, mitigation strategies and level of significance after mitigation for the preferred alternative. As described in Table A, expansion of hospital-related uses on the project site would be the only unavoidable significant adverse effect which cannot be mitigated to a level of insignificance (as with the proposed project evaluated in the Draft EIR). Development of the preferred alternative project could induce development of higher-density non-residential (and residential) uses in the area; the City Planning Commission and City Council would be responsible for considering applications for higher intensity uses on a case-by-case basis.

The transportation impacts of the Children's Hospital project were evaluated in the Draft EIR, in conjunction with other proposed development in the vicinity and a potential future Inpatient building on the existing campus of Children's Hospital (Draft EIR pages 116 to 119). CEQA requires evaluation of the cumulative impact from several projects, resulting "from the incremental impact of the project when added to other closely related past, present and reasonably foreseeable probable future projects" (Section 15355(b)). It would be inappropriate for the Draft EIR to discuss future development in the area, either associated with Children's Hospital or not, that is not "reasonably foreseeable" and is therefore only speculative.

The Hospital has reaffirmed its 1979 agreement to limit expansion to the south side of the 53rd Street, except on a parcel of land already under hospital ownership at the northeast corner of Martin Luther King, Jr. Way and 53rd Street, in written comments of December 20, 1989 (see Section III.B of this document).

URBAN DESIGN AND VISUAL QUALITY

Comment Sources:

Georgia George, North Oakland Voters Alliance, written comments of November 17, 1989. Mark D. Younger and Kristina Elmstrom Younger, written comments of December 26, 1989. Cecilia Kilmartin, North Oakland Voters Alliance, public testimony of January 10, 1990, Burns Cadwalader, the Ratcliff Architects, public testimony of January 10, 1990.



Comments:

"All identified visual mitigations, namely height reductions, landscaping, light colored stucco, light shields, setbacks and indentation of the parking garage must be required to be implemented, and, again, the project should be reduced in scope to better match the residential setting of Children's Hospital." (Georgia George)

"ADDITIONAL VISUAL MITIGATIONS: The Draft EIR discusses potential visual mitigations, such as stepping back the top floor of the parking garage and indenting its facade, landscaping, light colored stucco, and light shields. These mitigations should be a REQUIRED contingency of granting Children's Hospital's request to expand in this residential neighborhood." (Mark D. Younger and Kristina Elmstrom Younger)

"The third is that both the setback of the top layer of the garage and lowering the bottom level of the garage be insisted upon. This is something that Children's has said that they will do. We just to make sure that that's followed through with." (Cecilia Kilmartin)

"The other thing that we have done, we have lowered the height of the parking structure by depressing the first level into the ground. And I have there, just very briefly while we're taking about that, a very rough sketch which shows what happens to the shadow pattern. The lower one is the way it was, and you can see the shadow at the worst time of the year would go across the street. The top are the two that we're looking at as mitigation by lowering it into the ground one level, and by setting back the top level. In addition to that, another mitigation measure that was asked for, which we're going to be complying with, is redoing the 53rd Street facade so that it is innundated and breaks up the mass of the building to more or less the width of about a lot, an existing lot and a half. And this height now is about the same height as the roof of a couple of the two-story house across the street." (Burns Cadwalader)

Response:

The project sponsor's preferred alternative, described in Section II of this document, incorporates a number of design changes for the parking garage compared to the proposed project evaluated in the Draft EIR. The parking garage

of the preferred alternative would have one below-grade parking level, resulting in a lower height above ground level than would the garage proposed with the project evaluated in the Draft EIR. In addition, mitigation measures proposed as part of the preferred alternative include all of those measures referred to by the commentors. (See Section II of this document).

Comment Source:

Joseph Readdy, Oakland Design Advocates, written comments of December 27, 1989.

Comment:

"ODA is concerned with the character of the external environment. The project, as proposed, indicates an alley between the Ambulatory Services Center and the parking structure. The alley is located on the north side of the five story ASC and will be in shadow a significant portion of even the sunniest summer day. Improvements in the quality of this space are possible. IDA requests the opportunity to review this project at appropriate stages of development."

Response:

Comments are noted. Available site plans for the proposed project and for the sponsor's preferred alternative (see Figure A on p. 5 of this document) indicate that the area between the Ambulatory Services Building and Parking Garage would not function as an 'alley', in that no passageway for pedestrians or vehicles is proposed there. The separation between the Ambulatory Services Building and Parking Garage would provide a landscaped space for light and air access to both buildings. The preferred alternative project, the site plan of which is illustrated in Figure A, is the only development scenario that provides sufficient building space for immediate needs of the Hospital, particularly off-street parking and outpatient treatment areas, while providing sufficient land area for widening of the public right-of-way of 52nd Street to accommodate motor vehicle traffic and the proposed landscaped median.

## TRANSPORTATION, CIRCULATION AND PARKING

Comment Sources:

H.R. White, City Office of Parks and Recreation, written comments of October 31, 1989; Julia T. Brown, City Office of Economic Development and Employment, written comments of November 27, 1989. Kaiser Knighton, public testimony of January 10, 1990. Burns Cadwalader, The Ratcliff Architects, public testimony of January 10, 1990.

Comments:

"52nd Street Closure - the proposed closure of 52nd Street will have adverse impacts upon OPR maintenance staff who use 52nd Street (one of few streets passing under Highway 24) to access City parks and BART landscaping along M.L. King, Jr. Way. Project Alternative E, which would retain 52nd Street but re-route it around the proposed project, seems to represent a reasonable compromise, and should be adopted." (H.R. White)

"While closing 52nd Street would increase the safety of pedestrians traveling between Dover and Martin Luther King, Jr. Way, it will also critically reduce traffic circulation, thus endangering people through additional traffic congestion in other nearby areas. This objective should be re-examined. External circulation patterns can be established that make pedestrian crossings inconvenient for the users of the Hospital. Intern circulation flows can be established that guide the pedestrians to a pedestrian overpass/underpass." (Julia T. Brown)

"What I'm concerned about, I'm not trying to fight progress in the Children's Hospital because I think this is a good use. But what my issue is, . . . what are they going to do with the incoming traffic from 580 , coming off from 580? The left-hand turn there, when you turn at the red light on Martin Luther King and the left-hand traffic coming from Berkeley coming in, how are they going to get across there?" (Kaiser Knighton)

"It [52nd Street] will be four lanes, so that there will be a possibility of going straight from this lane, or turning right onto Martin Luther King Way. If you're coming southwest, south on Martin Luther King Way, it will still be left. There will be a light



here. You can turn, it will be two lanes all the way through. There will be a pedestrian -- what we're proposing is a traffic, pedestrian traffic control light here that's actuated by people going across the street. The other thing we're doing is we're also putting barriers in the street so that the thing that goes on now, which is people crossing all up and down 52nd Street, they can no longer do that." (Burns Cadwalader)

##### Response:

Subsequent to publication of the Draft EIR on October 12, 1989, The Ratcliff Architects, as authorized agents of Children's Hospitals Medical Center, submitted to the Oakland City Planning Department (on December 13, 1989) a revised description of the proposed Children's Hospital Medical Center Expansion project, responding to some of the Unavoidable Significant Adverse Impacts identified in the Draft EIR (see Section II of this document). This revised project is now the project sponsor's preferred alternative, a new alternative to the proposed project subsequent to publication of the Draft EIR, as described in Section II. The preferred alternative would retain 52nd Street as a public right-of-way for motor vehicle traffic. The proposed widening of 52nd Street would ultimately provide four lanes for through traffic (two lanes each for eastbound and westbound travel). A median barrier to pedestrians would be provided in the center of the 52nd Street right-of-way, and a signalized crosswalk provided at one mid-block location. During development Phase I, 52nd Street would be widened (partially to its ultimate width) between Martin Luther King Jr. Way and about 100 ft. west of the intersection of Dover Street and 52nd Street; full widening of 52nd Street to Dover Street and between Dover Street and Highway 24 would occur during development of Phase II and Phase III, respectively (see also the response on pp. 81-85 of this document).

##### Comment Source:

Robert Brokl and Alfred Crofts, written comments of December 26, 1989.

##### Comments:

"The impact of increased traffic on air quality, congestion, parking, and noise. Mitigation must address the quality of life for surrounding residents who will suffer the consequences of a large increase of auto traffic."

Response:

The preferred alternative project as proposed (with 52nd Street open) would not increase traffic volumes or traffic congestion significantly in any location other than 52nd Street adjacent to the hospital, as indicated by Table 19 of the Draft EIR (page 193). A street improvement is recommended to mitigate projected operational problems at the intersection of Martin Luther King, Jr. Way and 52nd Street. The proposed parking garage would help to remove parking and traffic activity from the surrounding residential neighborhoods and consolidate this activity on the Children's Hospital site (see also the response on pp. 81-85 of this document).

Comment Sources:

Georgia George, North Oakland Voters Alliance, written comments of November 17, 1989. Mark D. Younger and Kristina Elmstrom Younger, written comments of December 26, 1989. Cecilia Kilmartin, North Oakland Voters Alliance, public testimony of January 10, 1990. John Wagers, North Oakland Voters Alliance, testimony of January 10, 1990.

Comments:

"More traffic mitigations are absolutely necessary. Children's Hospital should hire an on site Commute Alternatives Coordinator, provide direct transit subsidies to its employees (not just distribute the tickets - give them away!), increase its BART shuttle services, build in design features to encourage transit use (bus shelters, etc. . .), provide preferential parking to carpools and vanpools and significant bicycle parking, adopt a Hire Oakland First policy, and require a minimum of 30% transit use among its employees (i.e., double the current rate of 15%). These measures will show that Children's Hospital is serious about being a good neighbor and reducing the traffic impacts on the neighborhood." (Georgia George)

"**TRAFFIC:** We strongly request that Children's Hospital commit to programs that will reduce the traffic impact on the neighborhood caused by their expansion. We insist that the City of Oakland require a comprehensive Transportation Systems Management (TSM) program that will include components such as guaranteed preferential parking

for carpools/vanpools, increased transit subsidies and BART shuttle services, and provision for bicycle commuting." (Mark D. Younger and Kristina Elmstrom Younger)

"And the last has to do with traffic. We would like to have them increase their incentives to their employees to use public transportation. They're currently providing a B.A.R.T. shuttle. If they could do this also for A.C. Transit so that their employees could use public transportation? I know it's hard for their users to do so, but if they could provide incentives, that would help decrease the traffic problem; and perhaps, too, also provide preferential parking to carpoolers so that there is some decrease in the traffic that is going to occur as a result of this development." (Cecilia Kilmartin)

"I'm also representing the North Oakland Voters Alliance. I, too, want to commend Children's Hospital for the dialogue in the recent months, and their cooperation with some of problems that we saw. Some of those have been a very good solution. The main thing that I think that the E.I.R. is deficient in is regarding the traffic and parking. There will be a considerable increase in the number of cars. They are providing a 800 car parking garage for the long plan. But there's, I feel, as the previous speaker mentioned, that the transportation system management, there's not sufficient regard for how to provide incentives to get people out of cars. And there will be considerable increase in traffic, particularly from the Contra Costa direction from the east which will come out onto Telegraph Avenue at Eilene Street. Much of that traffic now proceeds right down Eilene Street. It's already a problem. With the increase in that, it could be a very serious problem for a previously very quiet neighborhood, unless there is a light put in at 55th Street and some other things done so that can be taken care of. There's also coming from the other way, from the downtown Oakland direction, it might be possible to increase the access lanes there -- I mean, rather the exit lanes so that our traffic can come down easily into Martin Luther King. The other issue that I think is not addressed is regarding another way of getting people out of automobiles, and I think as time goes on this will be increasingly important; and that is, providing for bicycle parking and for two wheel vehicles. The City of Palo Alto, and a number of other cities, have adopted parking requirements which include bicycle parking. In Palo Alto, this project would be required to have ten percent. They provide for 800 cars, they would be required 800 (sic) bicycle parking spaces. Well, I believe Children's is aware of this. And perhaps they are planning to do something, but we feel that there should be perhaps at least five percent, and perhaps provision so that something



could -- that could be increased if they need to, plus providing for bicycle riders who need a place to change, shower, and locker. I certainly think they need staff people who would implement TSM." (John Wagers)

Response:

Mitigation measures discussed in the Draft EIR, on pp. 124-130, were identified as potential methods for reducing the impacts of the proposed project related to traffic generation, traffic circulation, and transit operations in the affected area. Section 15126(c) of the California Environmental Quality Act (CEQA) requires description of mitigation measures which would minimize potentially significant adverse impacts, including those measures not necessarily proposed by the project proponents to be included in the project, but could reasonably be expected to reduce adverse impacts if required as conditions of approving the project. The proposed project evaluated in the Draft EIR would have resulted in significant adverse effects on the environment (primarily as a result of vacating the 52nd Street right-of-way as a public street), although traffic generated by operation of the project would not by itself have been a significant project effect. Thus, the identification of mitigation measures regarding traffic generated by operation of the project (excluding effects of 52nd Street closure and cumulative traffic generation) is not required under CEQA to specifically address project traffic generation.

The operations of the intersections in the study area were evaluated with the project sponsor's preferred alternative, including 52nd Street widened to four lanes adjacent to the project site (see Tables B and C). Additional traffic from the hospital project, combined with the street improvements included in the proposed project, would not cause significant changes in traffic operations at most locations. There would be changes in the AM peak hour level of service from "B" to "C" at the intersections of Martin Luther King, Jr. Way with 47th and 52nd Streets and at the intersection of Shattuck Avenue with 52nd Street. Levels of service would not change during the PM peak hour with the addition of project traffic, except at the intersection of Dover Street and 52nd Street where delays would increase somewhat for vehicles turning onto 52nd Street from the stop sign on Dover Street.

TABLE B: SIGNALIZED INTERSECTION OPERATIONS - WITH 52ND STREET OPEN AND PROPOSED STREET IMPROVEMENTS (LEVEL OF SERVICE AND DEMAND / CAPACITY RATIO)

| <u>AM PEAK HOUR</u> |                               |                                   |                                                       |
|---------------------|-------------------------------|-----------------------------------|-------------------------------------------------------|
| <u>Intersection</u> | <u>Existing<br/>52nd Open</u> | <u>With Project<br/>52nd Open</u> | <u>With Project<br/>Plus Cumulative<br/>52nd Open</u> |
| MLK/45th            | A (.16)                       | A (.16)                           | A (.20)                                               |
| MLK/47th            | B (.68)                       | C (.71)                           | C (.74)                                               |
| MLK/52nd            | B (.69)                       | C (.72)                           | D (.80)                                               |
| MLK/55th            | A (.59)                       | B (.60)                           | B (.61)                                               |
| Shattuck/52nd       | B (.68)                       | C (.72)                           | C (.73)                                               |
| Shattuck/55th       | A (.42)                       | A (.44)                           | A (.44)                                               |
| Telegraph/45th      | A (.39)                       | A (.34)                           | A (.35)                                               |
| Telegraph/51st      | C (.76)                       | C (.76)                           | C (.77)                                               |

| <u>PM PEAK HOUR</u> |                               |                                   |                                                       |
|---------------------|-------------------------------|-----------------------------------|-------------------------------------------------------|
| <u>Intersection</u> | <u>Existing<br/>52nd Open</u> | <u>With Project<br/>52nd Open</u> | <u>With Project<br/>Plus Cumulative<br/>52nd Open</u> |
| MLK/45th            | A (.20)                       | A (.20)                           | A (.26)                                               |
| MLK/47th            | C (.74)                       | C (.76)                           | D (.80)                                               |
| MLK/52nd            | D (.89)                       | D (.86)                           | F (>1.00)*                                            |
| MLK/55th            | D (.86)                       | D (.89)                           | E (.90)                                               |
| Shattuck/52nd       | D (.87)                       | D (.87)                           | D (.89)                                               |
| Shattuck/55th       | B (.67)                       | B (.66)                           | C (.70)                                               |
| Telegraph/45th      | A (.49)                       | A (.49)                           | A (.50)                                               |
| Telegraph/51st      | E (.92)                       | E (.93)                           | E (.95)                                               |

\* Level of Service without implementation of identified mitigation measures. Mitigation would consist of widening the westbound approach of 52nd Street at Martin Luther King, Jr. Way, to provide three travel lanes between Martin Luther King, Jr. Way and the proposed garage entrance, and increasing the intersection signal cycle length during the PM peak period. These intersection improvements would return level of service to D.

SOURCE: DKS Associates

TABLE C: UNSIGNALIZED INTERSECTION OPERATIONS WITH 52ND STREET OPEN  
AND PROPOSED STREET IMPROVEMENTS  
LEVEL OF SERVICE - MAJOR STREET / MINOR STREET

| <u>AM PEAK HOUR</u>     |                               |                                   |                                                       |
|-------------------------|-------------------------------|-----------------------------------|-------------------------------------------------------|
| <u>Intersection</u>     | <u>Existing<br/>52nd Open</u> | <u>With Project<br/>52nd Open</u> | <u>With Project<br/>Plus Cumulative<br/>52nd Open</u> |
| Market/52nd             | A/A                           | A/A                               | A/A                                                   |
| Market/53rd             | A/B                           | A/B                               | A/B                                                   |
| MLK/53rd                | A/E                           | A/E                               | A/F                                                   |
| Dover/52nd              | A/A                           | A/A                               | A/A                                                   |
| Highway 24 Offramp/52nd | */D                           | */D                               | */D                                                   |
| Telegraph/55th          | A/D                           | A/D                               | A/E                                                   |

| <u>PM PEAK HOUR</u>     |                               |                                   |                                                       |
|-------------------------|-------------------------------|-----------------------------------|-------------------------------------------------------|
| <u>Intersection</u>     | <u>Existing<br/>52nd Open</u> | <u>With Project<br/>52nd Open</u> | <u>With Project<br/>Plus Cumulative<br/>52nd Open</u> |
| Market/52nd             | A/C                           | A/C                               | A/C                                                   |
| Market/53rd             | A/C                           | A/C                               | A/C                                                   |
| MLK/53rd                | A/E                           | A/E                               | A/F                                                   |
| Dover/52nd              | A/A                           | A/C                               | A/D                                                   |
| Highway 24 Offramp/52nd | */E                           | */E                               | */F                                                   |
| Telegraph/55th          | A/F                           | A/F                               | A/F                                                   |

\* No left turn allowed from major street (52nd).

Note: Level of Service for most difficult left turn movement from major street / Level of Service for minor street approach with highest delay.

SOURCE: DKS Associates



Traffic added by potential cumulative development in the project area would change levels of service in several locations compared to intersection operations with the addition of Children's Hospital project traffic only. During the AM peak hour, the level of service at the intersection of Martin Luther King, Jr. Way with 52nd Street would change from "C" to "D" with the addition of cumulative traffic. Cumulative traffic growth would also cause delays to increase for vehicles on 53rd Street at Martin Luther King, Jr. Way and on 55th Street at Telegraph Avenue. During the PM peak hour, cumulative traffic would cause the level of service to change from "C" to "D" at the intersection of Martin Luther King, Jr. Way with 47th Street, from "D" to "F" at the intersection of Martin Luther King, Jr. Way with 52nd Street, and from "B" to "C" at the intersection of Shattuck Avenue with 55th Street. Delays would increase for vehicles on 53rd Street at Martin Luther King, Jr. Way and on Dover Street at 52nd Street.

To accommodate potential traffic growth due to cumulative development, additional mitigation would be required at the intersection of Martin Luther King, Jr. Way at 52nd Street. The westbound approach on 52nd Street could be modified to provide three travel lanes (one left-turn lane, one through lane and one exclusive right-turn lane) by eliminating the proposed center median between Martin Luther King, Jr. Way and the proposed hospital garage entrance. In addition, the signal cycle length could be increased from 80 to 100 seconds during the PM peak period. These changes would provide level of service "D" operations (maximum demand/capacity ratio of 0.89) during the PM peak hour.

The operations of the section of 52nd Street between Martin Luther King, Jr. Way and the proposed garage driveway were evaluated for the preferred alternative. Operations in this roadway section are of concern because the distance between the two proposed signalized intersections would be only about 100 feet. The intersection of 52nd Street with the garage driveway would operate at level of service "A" during peak hours, including time for pedestrians to cross 52nd Street at the signalized crosswalk. Maximum queues on eastbound 52nd Street at this intersection are not projected to exceed four vehicles per lane, indicating that traffic would not typically back up to Martin Luther King, Jr. Way. Queues for

westbound 52nd Street traffic at Martin Luther King, Jr. Way would be expected to reach up to 16 vehicles in a lane during peak hours. This line of vehicles would frequently reach past the garage driveway intersection, impacting the traffic operations in that area. These impacts would also occur to a somewhat lesser extent after Phase I of the hospital project is complete, before the garage driveway at Dover Street is added.

There are several options to mitigate potential traffic operational problems caused by backups on westbound 52nd Street at Martin Luther King, Jr. Way. Signs and striping combined with enforcement could be used to ensure that vehicles on westbound 52nd Street do not block the hospital garage driveway. Signal operations could be set to maximize efficient operation of the two adjacent signals on 52nd Street, at Martin Luther King, Jr. Way and at the hospital garage driveway. Upon completion of Phase II of the proposed project, an additional driveway to the parking garage would be available on Dover Street. At that time, the use of the driveway on 52nd Street could be reduced, by restricting its use to visitors only and requiring staff to use Dover Street. Alternatively, the 52nd Street garage driveway could be closed and all garage access focused on Dover Street.

Implementation of mitigation measures regarding a TSM program could reduce the level of traffic impacts, depending on the success of the TSM measures incorporated. Mitigation measures may be included as conditions of proposed development approval, by the City Planning Commission. These measures may include those proposed as part of the project, those identified in the Draft EIR in response to potentially significant adverse environmental effects, and any additional measures which the Planning Commission may impose to minimize potentially significant adverse effects.

Comment Source:

Mark D. Younger and Kristina Elmstrom Younger, written comments of December 26, 1989.

Comment

"Additional traffic analysis should be performed which examine the operation of the on and off ramps from Highway 24, and additional mitigations (such as widening the off ramp onto Martin Luther King) should be considered in light of the projected LOS F on the intersections immediately adjacent to these ramps."

Response:

Table 10 of the Draft EIR (page 114) includes freeway ramp volumes without and with the proposed project. Freeway ramp operations are evaluated in terms of intersection operations at the ramp termini, as shown in Tables 8 and 9 of the Draft EIR (pages 109 and 110). Mitigations were recommend for intersections which were projected to exceed acceptable levels of service. Widening of freeway ramps was not determined to be necessary to mitigate impacts on intersection operations.

Comment Source:

Ron Kilcoyne, AC Transit, written comments of December 21, 1989.

Comment:

"Closure of the 52nd Street right-of-way as a public street. As stated in the Draft report, this action would alter vehicular traffic patterns along 52nd Street and divert those patterns to alternate routes. In Phase One of the District's restructuring plan, Line 12 will operate along 52nd Street, offering direct east/west service to the hospital. Since closing this street would necessitate rerouting the bus, the hospital would lose east/west transit access. Also, connections between Lines 12 and 15 would be eliminated, inconveniencing transit users. In addition, the reduction in operating Level of Service at certain intersections would cause problems with schedule adherence and quality of transit service. AC Transit opposes the closure of the 52nd Street right-of-way."



Response:

The preferred alternative project as currently proposed (see Section II of this document) would keep 52nd Street open, allowing AC Transit to use 52nd Street for revised transit routes. In addition, 52nd Street would be widened adjacent to the Children's Hospital site to facilitate automobile and transit vehicle movements through the area.

Comment Sources:

Ron Kilcoyne, AC Transit, written comments of December 21, 1989. Mark D. Younger and Kristina Elmstrom Younger, written comments of December 26, 1989.

Comment:

"Erection of a parking structure adding 570 spaces to the existing allocation. While the District recognizes the importance of providing accessible emergency parking to reasonably accommodate the hospital's needs, the District also feels that providing free or under-priced parking to employees effectively discourages transit use. The addition of 570 parking spaces would provide more than 300 spaces in excess of both parking demands and City of Oakland's recommendations. The District opposes offering free and abundant employee parking and suggests establishing a "self-supporting" garage which does not subsidize employee parking. Additionally, the District feels that the parking allocation for this project should be more in line with the City of Oakland's guidelines." (Ron Kilcoyne)

The Hospital must also take steps that will insure that the parking garage that they are building will be used, especially by their employees. Experience from other hospital expansions in the Bay Area (i.e., Pill Hill) shows that such incentives are imperative to each neighborhood parking problems." (Mark D. Younger and Kristina Elmstrom Younger)

Response:

The proposed parking garage is intended to reduce parking and traffic impacts on the surrounding residential neighborhood. The proposed parking supply is not projected to be in excess of total parking demand during peak parking periods. A

mitigation measure is recommended on page 130 of the Draft EIR, and is also identified for the preferred alternative (see Table A in Section II of this document), to implement transportation system management measures including promotion of transit and other alternatives modes, and priority parking for carpools and vanpools. These types of TSM measures would help to encourage alternative travel modes without increasing parking impacts on the surrounding neighborhood.

##### Comment Source:

Alan Forkosh, East bay Bicycle coalition, written comments of December 26, 1989.

##### Comments:

"As an organization dedicated to the everyday use of the bicycle, we believe that the report does not deal sufficiently with the effect of the proposed expansion on bicycle use. In discussing the impact of the of the new garage on the parking situation in the area, the report does not mention whether bicycle parking facilities will be provided in connection with the project. One of the major reasons for not using a bicycle for commuting and daily errands is the lack of secure parking at the destination. Other hospitals in the area, including Kaiser and Alta Bates, do provide secure bicycle parking in their garages. Promoting bicycle use by providing parking would reduce the traffic impacts of the project.

"The report attempts to deal with the effect of the proposed closure of 52nd Street on bicycle movement, but falls short of a complete discussion. Routes used by cyclists between Emeryville and Piedmont, Monclair, and Lakeshore districts would be severely impacted by the closure of 52nd Street. Currently, cyclists travelling from Emeryville to the east travel on Stanford Avenue to Sacramento and either use 55th Street or 52nd Street to Shattuck, continuing east on 52nd and 51st to their destinations. The closure of 52nd Street will concentrate both bicycle and automobile traffic on 55th and Shattuck with turns on and off Shattuck at 55th and 52nd. The increased traffic density on these streets will make it more difficult for cyclists to make the required turns on and off of Shattuck Avenue. If the number of lanes on Shattuck is increased, cyclists turning left off of Shattuck will need to cross an additional lane of north-south traffic in order to continue on their way. In addition, if the extra lanes

cause the curb lanes to be narrower than 12 feet (clear of all obstructions including gutters and drains), lane sharing between bicycles and automobile traffic will be impossible."

Response:

A mitigation measure is recommended on page 130 of the Draft EIR (and in Table A, Section II of this document) to implement transportation system management measures including safe and convenient bicycle parking areas. Children's Hospital could work with the City and the East Bay Bicycle Coalition to ensure that adequate and safe facilities for bicycle parking are provided in conjunction with the preferred alternative project.

The preferred alternative project as currently proposed would keep 52nd Street open, alleviating the impacts on bicycle travel associated with street closure and traffic diversion which were identified in the Draft EIR. In addition, to improve traffic operations and bicycle safety, 52nd Street would be widened and on-street parking removed adjacent to the Children's Hospital site.

AIR QUALITY

Comment Sources:

Sarita Waite, Camille's Cafe, written comments of November 28, 1989. Milton Feldstein, Bay Area Air Quality Management District, written comments of December 11, 1989.

Comments:

"My business depends upon people being about to walk to my shop and drive there and park. The diversion of traffic that will occur if 52nd Street and Dover are closed will hurt the quality of life on the Avenue. People are just beginning to stroll on the street and to sit on sidewalk tables. The added auto emissions and traffic jams that will occur when 7,000 cars have to get across Telegraph headed East coming from 45th and 55th rather than across Telegraph will be awful." (Sarita Waite)



"Page 140 of the DEIR states that the 8-hour carbon monoxide (CO) standard would be exceeded at the 55th Street/Shattuck Avenue intersection with the addition of project generated traffic. This condition is expected to worsen by the year 2000 due to cumulative development in the area. Intersection improvements at 55th Shattuck Avenue are expected to offset project-related CO increases to below the 8-hr standard. However, even with these improvements, the DEIR states on page 141 that intersection improvements would not be sufficient to reduce the impacts of cumulative development to a level of insignificance.

"Despite these expected increases in CO concentrations by the year 2000, no mitigation measures to reduce cumulative CO concentrations are discussed in the DEIR. The DEIR states that the CO exceedance at the 55th Street/Shattuck intersection would be a direct result of the project's proposed closure of 52nd Street. With 52nd Street closed and traffic flow increasing due to cumulative development, we believe that one important mitigation measure to consider would be to keep 52nd Street open.

"We recommended that the Final EIR seriously consider Alternative F (No 52nd Street Atrium) and other alternatives discussed which allow 52nd Street to remain open. We also suggest that the Final EIR include estimates of CO concentrations with 52nd Street open, in order to determine whether these alternatives would have beneficial air quality impacts. 52nd Street serves as one of only two collector streets running east-west near the project area (55th Street being the other). Allowing 52nd Street to remain open could alleviate future congestion in the area resulting from cumulative development.

"To help further reduce project-related CO levels, thereby reducing cumulative CO levels, we also recommend that the Final EIR examine the following mitigation measures to use in conjunction with intersection improvements and transportation system management (TSM) programs already proposed:

- "1. As part of the TSM program discussed on page 130, the Final EIR should proposed an employer-sponsored commute survey for the new Medical Center within one year of occupancy. This survey will supply employers with useful information on commute patterns. This can be used to modify the TSM program if needed, to achieve a higher participation level. For instance, Page 99 of the DEIR states that approximately 75% of the project generated trips will be distributed on Route 24 and Interstate Hwys 580 and 980. The commute survey could help identify where these drivers are going so that the TSM program could

focus on specific commute alternatives that would entice some of those drivers into mass transit or other commute alternatives.

- "2. Because the project site is well served by local AC Transit routes and BART, employer-subsidized transit passes would likely increase the number of employees using transit. We suggest that the City consider requiring Children's Hospital to provide subsidized transit passes to its employees as part of its TSM program.
- "3. In order to further facilitate the use of mass transit, ridesharing and other commute alternatives, we recommend that the Final EIR discuss reducing the 570 parking spaces proposed for the project, giving exclusive or preferential parking to ridesharers, and/or instituting a parking fee. Revenues from parking fees might be used to offset costs of employer transit subsidies or other TSM elements. Experience has shown that parking supply management and pricing can add to the effectiveness of TSM programs." (Milton Feldstein)

Response:

Subsequent to publication of the Draft EIR on October 12, 1989, The Ratcliff Architects, as authorized agents of Children's Hospital Medical Center, submitted to the Oakland City Planning Department (on December 13, 1989) a revised description of the proposed Children's Hospital Medical Center Expansion project. The revised alternative responds to some of the Unavoidable Significant Adverse Impacts identified in the Draft EIR. The revised project is now the project sponsor's preferred alternative, and constitutes a new alternative to the proposed project subsequent to publication of the Draft EIR, as described in Section II of this document. The preferred alternative would not require vacation of the 52nd Street right-of-way, compared to the proposed project evaluated in the Draft EIR. The preferred alternative project would include widening of 52nd Street between Martin Luther King, Jr. Way and the State Route 24 freeway to four lanes for through traffic (two lanes each eastbound and westbound), a six-foot-wide landscaped median in the center of the right-of-way, and removal of on-street parking along 52nd Street (see Section II.A of this document).

In response to the comment regarding estimates of carbon monoxide (CO) concentrations with 52nd Street open, the CALINE4 model was run with the appropriate traffic distribution. The following table (Table D) shows the results.

For all three locations modeled, with 52nd Street open, the 1995 and 2000 CO concentrations are below the state one-hour standard of 20 parts per million (ppm) and the eight-hour CO concentrations are below or equal to the state and federal eight-hour standard of 9.0 ppm. CO concentrations would decrease somewhat (0.1 ppm) in 1995 with the project versus the 1995 scenario without the project at 53rd Street and Martin Luther King Jr. Way and 55th Street and Shattuck Avenue. CO concentrations would increase by 0.1 ppm in 1995 with the project as opposed to without the project at 52nd and Dover Streets. This would be due to the increase in project generated traffic. At all three intersections, the CO concentrations are lower than the existing concentrations. This would occur because of the reductions in vehicle emission rates due to the improved engine efficiency.

The measures suggested by the commentor for potentially reducing motor vehicle trips generated by project operation (including incentives for use of transit such as subsidized transit passes) are based on mitigation strategy identified in Table A, Section II of this document, for impacts of the preferred alternative. The Oakland City Planning Commission, as a decision-making body, may approve the preferred alternative as currently proposed, may approve the preferred alternative subject to specific approval conditions (including implementation of mitigation measures not currently proposed as part of the preferred alternative), or may disapprove the development proposal.

Comment Source:

Elaine Eisenstadt

Comment:

"There is one significant omission in the EIR which I would like to point out to you. In the section concerning air quality, the report explores at length excess of 8-hour averages at various intersections due to anticipated increased traffic at those intersections, but nowhere accounts for increased emissions due to the nature of automobile movement in a parking garage. My understanding is that parking garage emissions are particularly bad. I am sure it would be easy for your consultants to obtain data on such emissions and integrate those into the study. As you well can



TABLE D: EVENING WORST-CASE CARBON MONOXIDE CONCENTRATIONS AT THREE INTERSECTIONS IN THE PROJECT AREA WITH 52nd STREET OPEN

| Location                                | Averaging Period | Existing (1988) | CO Concentration (ppm) /a/ |                 |                                |
|-----------------------------------------|------------------|-----------------|----------------------------|-----------------|--------------------------------|
|                                         |                  |                 | Future (1995)              | Future (2000)   |                                |
|                                         |                  |                 | Without Project/c/         | With Project/d/ | With Project and Cumulative/d/ |
| 52nd Street/Dover Street                | 1-hr. /b/        | 11.0            | 9.8                        | 9.2             | 10.5                           |
|                                         | 8-hr. /c/        | 7.8             | 7.1                        | 7.2             | 7.5                            |
| 53rd Street/Martin Luther King Jr., Way | 1-hr. /b/        | 15.2            | 11.8                       | 11.7            | 12.7                           |
|                                         | 8-hr. /c/        | 10.8            | 8.5                        | 8.4             | 9.0                            |
| 55th Street/Shattuck Avenue             | 1-hr. /b/        | 12.3            | 11.1                       | 11.0            | 12.1                           |
|                                         | 8-hr. /c/        | 8.8             | 8.0                        | 7.9             | 8.6                            |

/a/ Estimated using CALINE4 dispersion model, EMFAC7D composite ambient factors, and worst-case meteorological assumptions. CO estimates correspond to the closest sensitive receptor at each given intersection.

/b/ One-hour concentrations include background concentrations of 7.8 ppm for 1988, 6.8 ppm for 1995, and 6.1 ppm for 2000 based on CO monitoring data for 34th Street contained in BAAQMD's Guidelines.

/c/ Eight-hour concentrations are assumed to be 70% of local contribution to one-hour concentration plus background concentration of 5.6 ppm for 1988, 5.0 ppm for 1995, and 4.4 ppm for 2000 based on CO monitoring data for 34th Street contained in BAAQMD's Guidelines.

/d/ Assumes that 52nd Street would be left open.

SOURCE: Environmental Science Associates, Inc.

image, this would have significant additional negative impact on the air quality in the neighborhood. In this day and time of concern about environmental quality and global warming, large businesses such as Children's Hospital (especially since their business is health care) should be encouraged by governmental bodies to seek alternatives to promoting an ever increasing dependence on fossil fuels. Perhaps a smaller garage with more Bart shuttles, combined with incentives for employees and patients to use public transportation, which is quite available in the area, could be included in one of the EIR alternatives. Please give consideration to this matter."

Response:

The Draft EIR evaluated as an alternative to the proposed project Alternative D, which incorporated a reduced-scale parking garage (about 400 spaces versus 800 spaces proposed with the project) and a reduced-scale Ambulatory Services Center (about 40,000 sq. ft. versus about 80,000 sq. ft. with the proposed project). An estimate of CO emissions due to the parking garage, was calculated using the "box" model. The box model was adopted from a paper entitled "Evaluating Parking Garage Air Quality Impacts" presented by Robert Sculley at a CEQA Air Quality Workshop sponsored by several California planning and air quality agencies in May of 1987. CO levels inside the "box" are dependent on the vehicle volume using the garage, emissions from driving inside the garage and idle time, and the number of air changes per hour. Each floor contributes a proportion of its emissions to the sensitive receptors outside of the garage. Using this model, the existing parking lot was estimated to contribute 1.2 ppm during peak hour traffic. From the proposed parking garage, the contribution of CO concentration is 5 ppm during peak hour traffic for 1995, an increase of 3.8 ppm. The total CO concentrations at the nearest sensitive receptor (near 52nd and Dover Streets) is the sum of the emissions from the garage and the intersection. This is estimated to be 15 ppm. This is below the state one hour CO concentration standard of 20 ppm. However, the CO emissions from the parking garage add to the incremental degradation of the area's air quality.

It should also be recognized that while not quantified for this report, the project would probably reduce vehicle trip length and idling time by decreasing the amount of time spent looking for a parking space because parkers would presumably be directed to the parking garage.

The measures suggested by the commentor for potentially reducing motor vehicle trips generated by project operation (including more BART shuttles, incentives for use of transit) are mitigation measures identified in the Draft EIR to reduce impacts of traffic generation. These measures are also identified as a mitigation strategy to reduce impacts of traffic generated by operation of the preferred alternative, as discussed in Table A, Section II of this document. The Oakland City Planning commission, as a decision-making body, may approve the preferred alternative as currently proposed, may approve the preferred alternative subject to specific approval conditions (including implementation of mitigation measures not currently proposed as part of the preferred alternative) or may disapprove the development proposal.

### GEOLOGY, SOILS AND SEISMOLOGY

#### Comment Source:

Dennis J. O'Bryant, State California Department of Conservation, Division of Mines and Geology, written comments of November 28, 1989.

#### Comment:

"The Draft EIR has recommended that a geotechnical investigation be conducted for foundation design. A detailed geologic/geotechnical investigation is required by the State Building Code, Title 24, for all new hospital construction, and will be required for this project. In addition to providing input for foundation design, the investigation should confirm the Draft EIR's conclusion that liquefaction and settlement are not potential hazards to the project. Seismic design of the proposed structures will be governed by Title 24, whose requirements meet or exceed the Uniform Building Code seismic design requirements."

#### Response:

Comments are noted. As stated in Table A of Section II of this document, a geotechnical report will be prepared to evaluate soil conditions and to provide input into foundation design, as a mitigation measure proposed as part of the preferred alternative development.



Comment Source:

Dennis J. O'Bryant, State of California Department of Conservation, Division of Mines and Geology, written comments of November 28, 1989.

Comment:

"The potential for inundation due to failure of Lake Temescal dam and the impacts of inundation on the project should be evaluated in greater detail in the Final EIR. The owner of the Lake Temescal facility should be able to provide an inundation map showing the area and depth of inundation in event of dam failure. The State Division of Safety of Dams should also have information on file regarding the seismic safety of the dam. This information should be used as the basis for describing the potential impacts on the project, and for development of appropriate mitigation measures, if required."

Response:

The site of the proposed project and the campus of the existing Children's Hospital lies entirely within the area subject to inundation in the event of the failure of Lake Temescal Dam. Within an estimated 15 minutes after failure of the earthen dam, the flood wave would reach the site of the existing Children's Hospital and the surrounding area (including the project site)./1/ The depth of inundation at the Hospital and the project site, in the event of dam failure, has not been determined./2/

NOTES: Geology, Soils and Seismology

/1/ California Department of Water Resources Final Inundation Map of Lake Temescal and Lake Anza Dams, 1975.

/2/ Scott Wiley, Alameda County Flood Control District, telephone conversation, February 28, 1990.

PUBLIC SERVICES AND UTILITIES

Comment Sources:

Mrs. Jameson, written comments of October 10, 1989. Joseph Readdy, Oakland Design Advocates, written comments of December 27, 1989.

Comments:

"A big issue is emergency vehicles . . . to serve residents beyond MLK Jr. Way Fire Dept. Ambulance etc. It may cost more for the hospital financially but more than finances will be costlier to residents." (Mrs. Jameson)

"Development of the project as proposed will result in significant adverse environmental effects that are without mitigation. Paramount among these is the adverse impact on the response to emergencies by the police department and fire department. Increases of from one to two minutes for police and fire services to reach their calls in anticipated. While the consequences of these increases is neither quantitatively nor qualitatively identified in the EIR, increases in this range must be considered life threatening.

"It is interesting to note that the most significant impacts of the project upon the environment are the direct result of only one element of the project: the street closure. Vacation of the 52nd Street right-of-way is the root cause of the impacts upon emergency services and air pollution. Alternative F, considered in the EIR, provides for the rezoning of the site and construction of the parking structure and Ambulatory Services Center while eliminating the impacts that are without mitigation. ODA recommends this alternative to the project." (Joseph Readdy)

Response:

Comments are noted. The Draft EIR identified the increase of one to two minutes in the emergency response times of the Oakland Police Department and the Oakland Fire Department to points east and west of the site, as a result of closure of the 52nd Street right-of-way, as an unavoidable significant adverse effect of the proposed project. The project sponsors preferred alternative would keep the 52nd Street right-of-way open to motor vehicle traffic, including emergency vehicles (see Section II of this document).

Comment Source:

C.T. Way, East Bay Municipal Utility District, written comments of December 26, 1989.

Comments:

"On Page 162, last sentence of first paragraph under Impact, this sentence should be deleted. This project is entirely in EBMUD's Claremont Pressure Zone and new pressure zones will not be required. Back-up service from a second pressure zone may be desirable. While this may be expensive, the project sponsor should evaluate the need for emergencies such as earthquakes.

"On Page 162, second paragraph under Impact, regarding the need for new eight-inch water mains, the project sponsor should contact EBMUD's New Business Office for a water service estimate. This water service estimate will determine the extent, location, and cost of any distribution system improvements needed for this project. Besides the need for right-of-ways for existing pipelines in streets to be abandoned, pipeline relocations at project sponsor expense, may be required because of construction of project features or street abandonments. The evaluation of the need for pipeline relocations can be included in the water service estimate. Further, information will be provided regarding system capacity charges, connection fees, wastewater capacity charges, and other fees and charges.

"The project sponsor should incorporate water conservation measures into the construction and landscaping of this project to help mitigate the impact of additional water service demand on EBMUD's water supply. EBMUD encourages the use of equipment, devices and methods for plumbing fixtures and irrigation that provides for long-term efficient water use. EMBUD also encourages selection of lower water-requiring plants, use of inert materials, and limiting of turf. EBMUD has water conservation staff available to meet with and to advise applicants on conservation measures related to water service and landscaping concerns."

Response:

Comments are noted. The water conservation measures recommended by the State Department of Water Resources for reducing water consumption, and thereby reducing generation of wastewater, are mitigation measures proposed as part of the preferred alternative development (see Table A, Section II of this document). As part of the final design process of the preferred alternative buildings, plans would be submitted to the East Bay MUD new business office for



an official water service estimate. The analysis provided on p. 162 of the Draft EIR was intended to determine whether or not operations of the new development would result in a significant adverse effect on water supply and wastewater treatment and disposal services.

### **C. OLD MERRITT COLLEGE CAMPUS**

#### **Comment Sources:**

Georgia George, North Oakland Voters Alliance, written comments of November 27, 1989. Don Dommer, Oakland Design Advocates, written comments of December 18, 1989. Mark D. Younger and Kristina Elmstrom Younger, written comments of December 26, 1989. Cecilia Kilmartin, North Oakland Voters Alliance, public testimony of January 10, 1990.

#### **Comments:**

"The City of Oakland must link the Children's Hospital expansion at its current campus to the proposal to use the Old Merritt College for administrative purposes, day care, a senior center, replacement housing, and research facilities. If that development proposal proceeds, the City must make a firm commitment to the current zoning for the neighborhood between the two campuses and absolutely prohibit further expansion of medical related uses on currently residential property in the project vicinity. **We don't want North Oakland to turn into Pill Hill!**" (Georgia George)

"On December 13, 1989 Oakland Design Advocates heard a presentation regarding the development of the old Merritt College campus. Panel members included representatives for IDG Architects, Grubb & Ellis, and Randolph Lagenbach. Representatives from NORA were invited but declined to attend. After the presentation and discussion, ODA voted unanimously to endorse the following motion.

"Oakland Design Advocates supports the Children's Hospital proposal (as prepared by IDG Architects) for the development of the old Merritt College campus site. ODA recommends that Children's Hospital be given an opportunity to study the economic viability of their proposal, and present their findings to the City, as an alternate proposal. ODA further urges that the City make every effort to expedite closure with NORA, the original developer for this site." (Don Dommer)

"While supporting, with conditions, the current proposal for Children's Hospital's expansion, we wish to make it clear that Oakland must prohibit the further expansion of medical related uses on currently residential property in North Oakland. We feel that the practical application of this policy will require Oakland to seriously consider the Children's Hospitals' proposal for the Old Merritt College campus. Children's Hospital is a valuable community institution that is committed to staying in North Oakland. We residents of the neighborhood are steadfastly opposed to continued expansion that eats up housing. The Old Merritt College campus provides a mutually acceptable long term solution." (Mark D. Younger and Kristina Elmstrom Younger)

"At the moment, we do favor their interest in the Old Merritt College site, and I know that they've waited patiently for about four months to obtain access to that, and we hope that that will be granted soon." (Cecilia Kilmartin)

Response:

Use of the Old Merritt College campus is not "proposed by Children's Hospital." The Hospital, the City of Oakland and the developer for the Old Merritt College site are currently exploring potential uses for that site. Any future use of the Old Merritt College site by Children's Hospital would encompass facilities of a different nature than those currently proposed for the site adjacent to the existing Hospital Campus.

Section 15126(d) of the California Environmental Quality Act (CEQA) requires that an EIR "Describe a range of reasonable alternatives to the project, or to the location of the project, which could feasibly attain the basic objectives of the project. . . ." CEQA Section 15126 (d(5)) stipulates that "The range of alternatives required in an EIR is governed by the 'rule of reason' that requires an EIR to set forth only those alternatives necessary to permit a reasoned choice . . . . An EIR need not consider an alternative whose effect cannot be reasonably ascertained and whose implementation is remote and speculative." Alternative B, Alternative Sites, discussed in the Draft EIR alternative site locations that had been considered by Hospital Administration in the past for expansion of Hospital activities. As stated in the discussion of Alternative B, the alternative of developing Hospital activities at another site, physically separated from the existing Hospital Campus, was rejected (by the Hospital) because of the operational inefficiencies that would result from the physical separation. The Hospital has not had an evaluation

prepared of the structural and economic viability of utilizing a portion of the old Merritt College for activities not requiring immediate physical proximity to the existing Hospital Campus; thus, at some time in the future, the Hospital may consider utilizing old Merritt College for some off-campus activities.



## **V. EIR AUTHORS AND CONSULTANTS**

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